

Newborn Notification of Delivery

Please fax completed form to 1-800-964-3627.

Purpose: Use this form to report a birth to a mother who is a member with Anthem Blue Cross and Blue Shield HP. Providers are to notify Anthem within 24 hours of delivery with newborn information.

Mother's name: last, first and middle initial — required (RQ)		Mother's effective date	
Mother's Medicaid ID # — RQ		Mother's DOB — RQ	
Residence county		Phone #	
Street address	City	State	ZIP code
Newborn's name: last, first and middle initial — RQ	Newborn's Medicaid ID #	Gender — RQ	Birth weight — RQ
Route of delivery — RQ	Gestational age — RQ	Date of admission to NICU (if applicable)	
Newborn's DOB — RQ	Disposition at birth: live born/fetal demise — RQ		Apgar score (1 or 5 minutes)
Twin name (baby 2, 3, etc. — RQ if applicable)	Newborn's Medicaid ID #	Gender — RQ	Birth weight — RQ
Route of delivery — RQ	Gestational age — RQ	Date of admission to NICU (if applicable)	
Newborn's DOB — RQ	Disposition at birth: live born/fetal demise — RQ		Apgar score (1 or 5 minutes)

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ICD-10-CM — RQ for authorization of nursery services	Diagnosis description — RQ for authorization of nursery services	
Delivery hospital name — RQ		Phone #
Contact name — RQ	Phone #	Fax #

<i>For internal use only</i>	
Entered by member specialist: Contact name:	Date: