

## Newborn Notification of Delivery Form

**Fax to: 800-964-3627 or enter in the Interactive Care Reviewer (ICR) portal.**

Use this form to report a birth from a mother who is a Wellpoint member. Providers are to notify Wellpoint within 24 hours of delivery with newborn information.

<b>Mother's information</b>		
<b>Full name (last, first and middle initial):</b>		
Effective date:	Residence county:	
<b>Medicaid/CHIP #:</b>	<b>DOB:</b>	
Address:		
City:	State:	ZIP:
Phone:		
<b>Newborn's information</b>		
<b>Full name (last, first and middle initial):</b>		
Medicaid/CHIP ID:	<b>Gender:</b>	
<b>Birth weight:</b>	<b>Route of delivery:</b>	
<b>Gestational age:</b>	Date of admission to NICU (if applicable):	
<b>DOB:</b>	<b>Disposition at birth:</b> <input type="checkbox"/> Live born <input type="checkbox"/> Fetal demise	
<b>Apgar score (1 and 5 minutes):</b>		
<b>ICD-10-CM (Required for authorization of nursery services):</b>		
<b>Diagnosis description (Required for authorization of nursery services):</b>		
<b>Delivery hospital name:</b>	Delivery hospital phone:	
<b>Contact name (person completing this form):</b>		
Contact phone #:	<b>Contact fax #:</b>	
<b>For internal use only</b>		
<b>Entered by member specialist:</b>		
Contact name:	Date:	