

Newborn Notification of Delivery Form

Fax to: 1-800-964-3627

Use this form to report a birth by a mother who is a Healthy Blue member. Providers must send newborn information to Healthy Blue within 24 hours of delivery. Required fields are marked with an asterisk (*).

Mother's information		
Name:*	DOB:*	
Medicaid ID:*	Medicaid effective date:	
Residence county:	Phone:	
Street address:		
City:	State:	ZIP code:
Newborn's information		
Name (last, first and middle):*		
Medicaid ID:*	Gender:*	Birth weight:*
Route of delivery:*	Gestational age:*	
DOB:*	Disposition at birth (live/stillbirth):*	
Date of admission to NICU (or N/A):	Apgar score (1 or 5 minutes):	
Twin's information (required if applicable)		
Name (last, first and middle):		
Medicaid ID:	Gender:	Birth weight:
Route of delivery:	Gestational age:	
DOB:	Disposition at birth (live/stillbirth):	
Date of admission to NICU (or N/A):	Apgar score (1 or 5 minutes):	
Coding		
ICD-10 (for authorization of nursery services):*		
Diagnosis description (for authorization of nursery services):*		
Facility's information		
Delivery facility name:	Phone:	
Contact name:		
Phone:	Fax:	

For internal use only:

Entered by member specialist	
Name:	Date:

<https://provider.healthybluemo.com>