

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

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association. BMOPEC-0127-20 October 2020