

NEWBORN NOTIFICATION FORM

Instructions: Please complete this form for each newborn within 12 hours of the delivery and fax to:

UM CCC Plus: 1-866-210-1523 or UM Medallion 4.0: 1-855-769-2116

If this was a multiple birth delivery, each newborn requires a separate form

<p>Facility Information</p> <p>Facility Name: _____</p> <p>Facility Provider Number: Tax ID: _____ or NPI: _____</p> <p>Facility Contact Person: _____</p> <p>Facility Phone Number: _____</p> <p>Facility Fax Number: _____</p>	<p>Today's Date: _____</p>
<p>Mother's Information</p> <p>Mother's Name: _____ Date of Birth: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Mother's MCC ID: _____</p> <p>Type of delivery: <input type="checkbox"/> VAG <input type="checkbox"/> VBAC <input type="checkbox"/> C-Section</p> <p>Was newborn diagnosed with Neonatal Abstinence Syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Multiple births? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type (i.e. twins, triplets, etc.): _____</p> <p>*Please complete a newborn notification form for each birth</p> <p>Mother sterilized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of sterilization: _____</p> <p>Mother's Discharge Date: _____</p>	
<p>Newborn Information</p> <p>Admitting Physician: _____</p> <p>Newborn Name: _____</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of Birth: _____ Time of Birth: _____</p> <p>Birth Weight (grams) : _____ Gestational Age (weeks): _____</p> <p>APGARS: _____</p> <p>NICU Transfer: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of NICU Admission: _____</p> <p>NICU Diagnosis: _____</p> <p>If transferred, to what facility? _____ Date of Transfer: _____</p> <p>Stillbirth? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the above newborn information and submit the Maternal/Newborn Delivery Record and one of the following documents to confirm the gestational age:</p> <ul style="list-style-type: none"> • Obstetrical prenatal records (history and physical) • Ultrasound report conducted prior to 20 weeks gestation • Ballard assessment completed at delivery to assess physical maturity <p>Cause of Stillbirth (if known): _____</p>	

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