

Molina® Healthcare South Carolina, Inc.

Labor and Delivery Notification Form

FAX (866) 423-3889 PHONE (855) 237-6178

May Submit Discharge Summary in Lieu of this Form



MEMBER INFORMATION

Plan:	<input type="checkbox"/> Healthy Connections Medicaid		
Member Name:		DOB:	/ /
Member ID#:		Phone:	() -

***NOTE: Please submit notification once baby information, including name, is available.**

REFERRAL/SERVICE TYPE REQUESTED

Delivery Type <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean	Admission Date: / /	Delivery Date: / /
	Discharge Date: / /	
Baby A Full Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Newborn Status: <input type="checkbox"/> Well <input type="checkbox"/> NICU*
Baby B Full Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Newborn Status: <input type="checkbox"/> Well <input type="checkbox"/> NICU*
Baby C Full Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Newborn Status: <input type="checkbox"/> Well <input type="checkbox"/> NICU*

*****NO clinical notes are needed for notification of well-baby birth**

Please fax clinical notes for NICU admissions to (866) 423-3889***

PROVIDER INFORMATION

Admitting Provider Name:	NPI#:	TIN#:
Provider or Facility Providing Service:	NPI#:	TIN#:
Contact Name:		
Phone Number: () -	Fax Number: () -	

For Molina Use Only:

*****Please submit notification prior to claim submission*****

Prior Authorization is not a guarantee of payment for services. Payment is made in accordance with a determination of the member's eligibility, benefit limitation/exclusions, evidence of medical necessity and other applicable standards during the claim review.