

## Newborn Notification Form

Please complete this form for each newborn within 12 hours of delivery and fax to Molina Healthcare at (888) 656-7582.

**Please note: if this was a multiple-birth delivery, each newborn requires a separate form**

<b>Facility's Information</b>			
Date:		Facility Name:	
<b>Facility Provider Number</b> <i>(choose one)</i>	Tax ID:	NPI:	AHCCCS ID:
Facility Contact Person:		Facility Phone Number:	Facility Fax Number:
<b>Mother's Information</b>			
Mother's Name:		Date of Birth:	
Member AHCCCS ID:			
Address:			
City:		State:	ZIP:
<b>Type of Delivery</b> <i>(choose one)</i>	<input type="checkbox"/> VAG	<input type="checkbox"/> VBAC	<input type="checkbox"/> C-section
<b>Was newborn diagnosed with neonatal abstinence syndrome?</b>		<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Did the mother have multiple births?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(indicate type, e.g. twins, triplets, etc.)</i>	Type:
<b>Was the mother sterilized?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>(if yes, please provide the date of the sterilization)</i>	Sterilization Date:
<b>Mother's Discharge Date:</b>			
<b>Newborn's Information</b>			
Admitting Physician:		Newborn Name:	
Member AHCCCS ID:		Medical Record Number:	
<b>Gender</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth:		Time of Birth:	
Birth Weight (grams):		Gestational Age (weeks):	
APGARS:			

<b>Well or Sick Newborn</b>	<input type="checkbox"/> Well	<input type="checkbox"/> Sick	<b>If sick, please provide the diagnosis:</b>
<b>Was the newborn admitted to the NICU?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>If yes, please provide the date of the NICU admission:</b>
<b>Was the newborn transferred to another facility?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>If yes, please provide the name of the facility they were transferred to and the date of the transfer:</b>
<b>Was this a stillbirth?</b> <i>(if yes, please see the instructions below)</i>	<input type="checkbox"/> No		<input type="checkbox"/> Yes
<p>If this was a stillbirth, please complete the newborn information above 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"> <li>• Obstetrical prenatal records (history and physical), or</li> <li>• Ultrasound report conducted prior to 20 weeks gestation, or</li> <li>• Ballard assessment completed at delivery to assess physical maturity</li> </ul> <p>Cause of stillbirth (if known):</p>			