Anthem BlueCross BlueShield Medicaid

Newborn Delivery Notification for Medicaid Members

Fax Delivery Notification to: **1-800-964-3627**

Mother's name: _____
Mother's date of birth: _____
Mother's ID number: _____
Facility name: _____
Facility ID number: _____
Date of admission: _____
Attending physician: _____
Diagnosis: _____
Discharge date (if known): _____
Did mother discharge home with child? ☐Yes ☐No
If no, please provide additional details in the table below.

Live birth	Yes / No
Date of birth	
Gender	M / F
Gestational age	
Birth weight	
Newborn name	
APGAR	
NICU stay	Yes / No
Type of delivery	Vaginal / C-section
Multiple birth?	Yes / No

If multiple birth, please provide information requested above for each newborn in the space below:

If you have questions, please call our Provider Services team at **1-855-661-2028**.

Important Note: You are not permitted to use or disclose protected health information (PHI) about individuals who you are not currently treating or who are not enrolled to your practice. This applies to PHI accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

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