

## 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 Blue Cross and Blue Shield of North Carolina within 24 hours of delivery. Required fields are marked with an asterisk (\*).

<b>Mother's information</b>		
Name:*	DOB:*	
Medicaid ID:*	Medicaid effective date:	
Residence county:	Phone:	
Street address:		
City:	State:	ZIP code:
<b>Newborn's information</b>		
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):	
<b>Twin's information (required if applicable)</b>		
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):	
<b>Coding</b>		
ICD-10 (for authorization of nursery services):*		
Diagnosis description (for authorization of nursery services):*		
<b>Facility's information</b>		
Delivery facility name:	Phone:	
Contact name:		
Phone:	Fax:	
<b>For internal use only:</b>		
Entered by member specialist		
Name:	Date:	

<https://provider.healthybluenc.com>

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