

Newborn Notification of Delivery Form

Fax to: 1-800-964-3627 or enter in the Interactive Care Reviewer (ICR) portal.

Use this form to report a birth from a mother who is an Anthem Blue Cross and Blue Shield (Anthem) member. Providers are to notify Anthem within 24 hours of delivery with newborn information.

Mother's information				
Full name (last, first and middle initial):				
Effective data:	Decidence county			
Effective date:	Residence county:			
Medicaid/CHIP #:	DOB:			
Address:				
City:	State:		ZIP:	
Phone:				
Newborn's information				
Full name (last, first and middle initial):				
Medicaid/CHIP ID:	Gender:			
Birth weight:	Route of delivery:			
Gestational age:	Date of admission to NICU (if applicable):			
DOB:	Disposition at birth: □ Live born □ Fetal demise			
Apgar score (1 and 5 minutes):				
ICD-10-CM (Required for authorization of nursery services):				
Diagnosis description (Required for authorization of nursery services):				
Delivery hospital name:	Delivery hospital phone:			
Contact name (person completing this form):				
Contact phone #:	Contact fax #:			
For internal use only				
Entered by member specialist:				
Contact name:	name:		Date:	

Bold text indicates a required field.

www.anthem.com/inmedicaiddoc

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative. AINPEC-2668-20 August 2020