



Prebirth Provider Selection Form

This form must be completed and submitted by the member's healthcare provider. Members who are pregnant and wish to identify their newborn's primary medical provider (PMP) before delivery may have obtained this form from Anthem Blue Cross and Blue Shield (Anthem) for their provider to complete and return. The provider should complete all fields and fax the completed form to **877-652-1236**.

Date:		Provider phone number:	
Name of provider competing this form:			
Member information			
Multiple birth: <input type="checkbox"/> Yes <input type="checkbox"/> No		Member (mother) date of birth:	
Member (mother) name:			
Member recipient identification number (RID):			
Member street address:			
City:		State:	ZIP code:
Member phone number:		Mother's due date:	
Mother's signature:		Date:	
Newborn information			
Newborn's primary medical provider (PMP) name:			
Provider street address:			
City:		State:	ZIP code:
If PMP panel is full, PMP must sign below authorizing the addition to their panel.			
Provider's signature:			Date:

<https://providers.anthem.com/in>

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