



☐ Low Birth Weight _____ (gms/lbs-oz)

NEWBORN NOTIFICATION

MPC received notification of delivery but we are missing baby information.

Please fill out this form and fax to:

800-385-4169

FACILITY

Facility Name:			
Contact Name:			
Phone:		Fax:	

MOM'S INFORMATION

Name:	
ID#:	
DOB:	
Admit Date:	

BABY'S INFORMATION

☐ Male ☐ Female

☐ Vaginal Delivery ☐ C-section Delivery

☐ Singleton ☐ Multiple _____ (note order of delivery)

☐ Well Baby ☐ Sick Baby/NICU/SCN ☐ Boarder Baby/Adoption Pending ☐ Stillborn/Expired

DOB:	
APGARS:	
Weight:	
Gestational Age:	

Fax Clinical for NICU/sick/detained babies and newborn vaccination records to 877-535-0591.

Disclaimer: An authorization is not a guarantee of payment. Members must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary per Plan policy.

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