

Birth Event Notification



Submit via fax: (877) 213-7732

Mother's Name	
Mother's Date of Birth	
Mother's Medicaid ID	
Birth Order	
Baby's Name	
Date of Birth	
Time of Birth	
Delivery Type	<input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section <input type="checkbox"/> VBAC
Apgar Score 1 Minute	
Apgar Score 5 Minutes	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Weight	
Gestational Age at Birth	____ Weeks ____ Days
Newborn Disposition	<input type="checkbox"/> Home with Mother <input type="checkbox"/> To Foster Care <input type="checkbox"/> Sick/Hospitalized <input type="checkbox"/> Other: _____

Maternity admissions without delivery complications require notification and information on the delivery outcome within one business day of delivery and must include birth outcomes. In the case of multiple births, please submit a separate form for each infant.

Please note: Submission of a Birth Event Notification form will not be considered notification of need for authorization for NICU or extended newborn care. Please submit an [Inpatient Prior Authorization](#) form for any services requiring authorization.