

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 a UniCare Health Plan of West Virginia, Inc. (UniCare) member. Providers are to notify UniCare within 24 hours of delivery with newborn information.

Mother's information		
Full name (last, first and middle initial):		
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: <input type="checkbox"/> Live born <input type="checkbox"/> 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:	Date:	

Bold text indicates a required field.