

Newborn Notification Form

Please complete this form for each newborn within 12 hours of delivery and fax to Molina Healthcare at (800) 642-5270.

Please note: if this was a multiple-birth delivery, each newborn requires a separate form

Facility's Information			
Date:		Facility Name:	
Facility Provider Number (choose one)	Tax ID:	NPI:	AHCCCS ID:
Facility Contact Person:	Facility Phone Number:	Facility Fax Number:	
Mother's Information			
Mother's Name:		Date of Birth:	
Member AHCCCS ID:			
Address:			
City:	State:	ZIP:	
Type of Delivery (choose one)	<input type="checkbox"/> VAG	<input type="checkbox"/> VBAC	<input type="checkbox"/> C-section
Was newborn diagnosed with neonatal abstinence syndrome?	<input type="checkbox"/> No		<input type="checkbox"/> Yes
Did the mother have multiple births?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (indicate type, e.g. twins, triplets, etc.)	Type:
Was the mother sterilized?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (if yes, please provide the date of the sterilization)	Sterilization Date:
Mother's Discharge Date:			
Newborn's Information			
Admitting Physician:		Newborn Name:	
Member AHCCCS ID:		Medical Record Number:	
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female
Date of Birth:		Time of Birth:	
Birth Weight (grams):		Gestational Age (weeks):	
APGARS:			

Well or Sick Newborn	<input type="checkbox"/> Well	<input type="checkbox"/> Sick	If sick, please provide the diagnosis:
Was the newborn admitted to the NICU?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please provide the date of the NICU admission:
Was the newborn transferred to another facility?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please provide the name of the facility they were transferred to and the date of the transfer:
Was this a stillbirth? (if yes, please see the instructions below)	<input type="checkbox"/> No		<input type="checkbox"/> Yes
<p>If this was a stillbirth, please complete the newborn information above and submit the maternal/newborn delivery record and one of the following documents to confirm the gestational age:</p> <ul style="list-style-type: none"> • Obstetrical prenatal records (history and physical), or • Ultrasound report conducted prior to 20 weeks gestation, or • Ballard assessment completed at delivery to assess physical maturity <p>Cause of stillbirth (if known):</p>			