

## Delivery Notification Form

Florida Lines of Business Fax: (877) 431-8860

Mother's Last Name \_\_\_\_\_ Mother's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

WellCare ID: \_\_\_\_\_ Mother's Date of Birth: \_\_\_\_\_

### ADMISSION INFORMATION

\*Date of Admission \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Requested By: \_\_\_\_\_

Facility (Hospital) Name: \_\_\_\_\_

WellCare ID: \_\_\_\_\_ \*NPI/Tax ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ \*Fax Number: \_\_\_\_\_

Attending Physician Name (Last, First): \_\_\_\_\_

WellCare ID: \_\_\_\_\_ \*NPI/Tax ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ \*Fax Number: \_\_\_\_\_

### DELIVERY INFO/BABY DEMOGRAPHICS

Multiple Births? Yes/No

Did the baby stay longer than mother (Boarder Baby)? Yes/No

Diagnosis Description: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

Baby Name: (Enter info for each baby)	*Type of Delivery	*Sex		*Delivery Date	*APGAR	*Delivery Outcome	*Weight (grams)
		M	F				
	<input type="checkbox"/> Vaginal <input type="checkbox"/> C-Section	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> NICU <input type="checkbox"/> Regular Nursery <input type="checkbox"/> Fetal Demise <input type="checkbox"/> Special Care Nursery	
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