Molina Healthcare
OB Notification Form
Phone Number: 1-888-898-7969
Fax Number: 844-861-1930 (Routine OB – NON - NICU)
Fax Number: 800-594-7404 (NICU)

****** 1 FORM PER NEWBORN ******

Mother's Information			
Plan	☐ Medicaid ☐ MiChild ☐ Medicare ☐ Marketplace		
Mother's Name:		Mother's DOB	/ /
Mother's ID #:		Mother's Phone:	( ) -
Mother's Admit Date:	/ /	Mother's Discharge Date	/ /
Service Type:	NEWBORN NOTIFICATION	☐ NICU NICU Level _____ ☐Border Baby Hospital Referred to CSHCS? ☐Yes ☐No	

Newborn Information			
Newborn Name:		Newborn DOB	/ /
Newborn Admit Date	/ /	Newborn Discharge Date	/ /
Newborn Admit Date:	From / / TO: / /		
Birth Order	☐1 ☐ 2 ☐ 3 ☐ 4 ☐5 ☐Other _____		
Diagnosis Code & Description:			
Delivery Date:	/ /		
Delivery Type:	☐ Vaginal ☐ C-Section ☐ VBAC ☐ Repeat C-Section		
Multiples?:	☐ No ☐ Yes Quantity _____		
Baby's Gender:	☐ Male ☐ Female		
Baby's Weight:	_____ lb _____ oz		
Apgar Score:	/		
EDD:	/ /		
Gestation:	_____ wks		
Birth Outcome:	☐ Discharge with Mom ☐ Border Baby ☐ Going to Foster Care ☐Adoption ☐Fetal Demise		

Provider Information					
Facility Name		NPI #:		TIN#:	
Attending Provider:		NPI #:		TIN#:	

Contact Information			
Name:			
Phone Number:	( ) -	Fax Number:	( ) -