



Healthy First Steps – NEWBORN Notification Form

Complete this form for newborn notification within 24hrs, and fax completed form to:866-950-1030

Today's Date: _____

Attention: _____

Phone #: _____

Requesting by: _____

Fax #: _____

Member Information

Moms Name: _____

DOB: _____

ID Number: _____

Mother's D/C: _____

Mom's Phone #: _____

Mom's Address: _____

City: _____ State _____ Zip _____

Baby's D/C Date: _____

Was Mother Sterilized? Yes/No _____ If Yes Date: _____

NEWBORN

Admitting Physician _____

Gender _____ DOB: _____ Time of Birth: _____ Wt _____

Apgars: _____ GA: _____ Vag/C-Section: _____

Sick or Well: _____ Diagnosis: _____

Baby's Last Name: _____ MR#: _____

Transferred: _____

Auto Assigned Baby

Baby's Last Name: _____ AHCCCS Rep Number: _____

To Be Completed By UHC STAFF

Newborn's ID# _____ Auth # _____

Auth# _____ Auth # _____

Completed By: _____ Date: _____