

# Delivery Notification Form

Please fax this form to AmeriHealth Caritas New Hampshire at **1-833-807-2264**.  
If you have questions, please call Bright Start® at **1-833-212-2264**.

## Facility information

Facility name:

Facility contact person:

Phone:

Fax:

## Member information

Member name:

Medicaid ID number:

Admission date:

Delivery date:

Discharge date:

## Delivery information

Name of delivering practitioner:

Type of delivery:  Vaginal  Vaginal birth after cesarean  Cesarean section  Repeat cesarean section Gestational age:

Expected date of delivery:  Single birth Multiple birth:  Twins  Triplets  Other:

**Baby A name:** Sex:  Male  Female Weight (grams):

Well nursery:  Yes  No If **No**:  Neonatal intensive care unit (NICU)  Special care nursery (SCN) Baby A discharge date:

Transfer to facility: Clinical sent:  Yes  No Baby A physician:

Baby A has been referred for newborn home visit:  Yes  No If **Yes**, which agency:

**Baby B name:** Sex:  Male  Female Weight (grams):

Well nursery:  Yes  No If **No**:  NICU  SCN Baby B discharge date:

Transfer to facility: Clinical sent:  Yes  No Baby B physician:

Baby B has been referred for newborn home visit:  Yes  No If **Yes**, which agency:

**Baby C name:** Sex:  Male  Female Weight (grams):

Well nursery:  Yes  No If **No**:  NICU  SCN Baby C discharge date:

Transfer to facility: Clinical sent:  Yes  No Baby C physician:

Baby C has been referred for newborn home visit:  Yes  No If **Yes**, which agency: