

## Newborn Enrollment Notification Report form

Fax completed forms to **1-866-406-2803**.

For questions, call Utilization Management at **1-866-408-6132** for Hoosier Healthwise,  
**1-844-533-1995** for Healthy Indiana Plan or **1-844-284-1798** for Hoosier Care Connect.

Use this form to notify Anthem Blue Cross and Blue Shield (Anthem) that a Hoosier Healthwise, Healthy Indiana Plan or Hoosier Care Connect member has given birth. Upon receipt of this completed report, Anthem will assist with discharge planning and coordination of follow-up care for both mother and baby.

Anthem Blue Cross and Blue Shield

Name of health maintenance organization

Mother's name (last, first and middle) (**required**)

Mother's effective date

Mother's Medicaid ID # (**required**)

Mother's DOB (**required**)

Residence county

Phone

Street address

City

State

ZIP code

Newborn's name (last, first and middle) (**required**)

Newborn Medicaid ID #

Gender (**required**)

Birth weight

Additional newborn's name (**required, if applicable**)

Newborn Medicaid ID #

Gender (**required**)

Birth weight

Additional newborn's name (**required, if applicable**)

Newborn Medicaid ID #

Gender (**required**)

Birth weight

Route of delivery

Gestational age

Date of admission to NICU (if applicable)

Newborn(s) DOB (**required**)

Primary medical provider for newborn(s)

ICD-10 (**required for authorization of nursery services**)

Diagnosis description (**required for authorization of nursery services**)

Delivery hospital name (**required**)

Phone

Contact name (**required**)

Phone

Fax

### For internal use only

Entered by member specialist:

Name

Date

[www.anthem.com/inmedicaidoc](http://www.anthem.com/inmedicaidoc)

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