



MATERNITY & NEWBORN ADMISSIONS AUTHORIZATION

FOR PRIMARY CARE PROVIDER USE ONLY

6704 Curtis Ct.
Glen Burnie, MD 21060
FAX: 410-424-4894
PHONE: 410-424-4480 or 1-800-261-2421

Instructions: Complete this form and submit by fax.
You will receive confirmation once processed.

*required information

Johns Hopkins HealthCare is requires the following information to be obtained before any authorization is granted for maternity and newborn admissions for Priority Partners members.

Hospital Name: _____ Phone Number: _____

I.

| | |
|---|--|
| Mother's Name | |
| *Member ID # | MA# |
| * Date of Delivery: | *Type of Delivery: <input type="checkbox"/> SVD <input type="checkbox"/> C-Sec |
| Sex of Newborn: <input type="checkbox"/> Female <input type="checkbox"/> Male | Birth Weight in Grams: |
| Disposition of Newborn: <input type="checkbox"/> NICU <input type="checkbox"/> Special Care Nursery <input type="checkbox"/> Normal Newborn | |
| Gestational Age of Delivery: | |

2.

| | |
|---|--|
| Mother's Name | |
| *Member ID # | MA# |
| * Date of Delivery: | *Type of Delivery: <input type="checkbox"/> SVD <input type="checkbox"/> C-Sec |
| Sex of Newborn: <input type="checkbox"/> Female <input type="checkbox"/> Male | Birth Weight in Grams: |
| Disposition of Newborn: <input type="checkbox"/> NICU <input type="checkbox"/> Special Care Nursery <input type="checkbox"/> Normal Newborn | |
| Gestational Age of Delivery: | |

3.

| | |
|---|--|
| Mother's Name | |
| *Member ID # | MA# |
| * Date of Delivery: | *Type of Delivery: <input type="checkbox"/> SVD <input type="checkbox"/> C-Sec |
| Sex of Newborn: <input type="checkbox"/> Female <input type="checkbox"/> Male | Birth Weight in Grams: |
| Disposition of Newborn: <input type="checkbox"/> NICU <input type="checkbox"/> Special Care Nursery <input type="checkbox"/> Normal Newborn | |
| Gestational Age of Delivery: | |

Should you have questions, contact Central intake Department at 410-424-4480 or 1-800-261-2421.

No authorization for maternity services will be provided until this information is obtained. Thank you!

