



Newborn Notification and Authorization Request Form (EHP, Priority Partners, and USFHP)

FOR PROVIDER USE ONLY

7231 Parkway Drive Suite 100
Hanover, MD 21076

Complete this form and fax to the Utilization Management department – Inpatient Intake at:
 410-762-5204 (for Johns Hopkins Bayview deliveries)
 410-762-5203 (for Johns Hopkins Hospital deliveries)
 410-424-4894 (all other hospital deliveries)
 410-424-2602 (USFHP UM Inpatient)

*required information

Requesting Provider/Facility:			Date:	Phone#
Mother's Information:				
*First Name:			*Last Name:	
*Birthdate:			*Health Plan:	
Address:			<input type="checkbox"/> EHP <input type="checkbox"/> Priority Partners <input type="checkbox"/> USFHP	
City:	State:	Zip:	*Member ID#:	
Delivery Date:	Delivery Type:		Other Insurance:	
	<input type="checkbox"/> Vaginal <input type="checkbox"/> C- Section <input type="checkbox"/> VBAC		Name:	
Birth Type: <input type="checkbox"/> Single <input type="checkbox"/> Multiple (# _____)			Policy#	Group#
Comments:				
Newborn's Information:				
Are you reporting multiple births? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthdate:	Gestational Age:	
*Name	*Gender	*Birth Weight (in grams)	*Disposition	*Health Plan Coverage

Please Note:

Priority Partners - facility must enroll newborn through the Maryland Medicaid Verification System using the 1184 form.

EHP and USFHP - if the newborn has not been pre-enrolled, the enrollment process may take 30-45 days and an authorization cannot be issued until after the payer establishes newborn eligibility.