

Delivery Notification Form

This form MUST be faxed to Delaware First Health within three (3) business days of the mother's discharge
Fax number: 1-833-974-1203

Last Name Last Name Medicaid ID # Date of Birth (mm/dd/yyyy) Phone	Member Information	
Phone	First Name	Last Name
Hospital Information Hospital Name	Medicaid ID #	Date of Birth (mm/dd/yyyy)
Contact Name	Phone	
Servicing Provider/Facility Information Servicing NPI Servicing Provider Contact Name Servicing NPI Servicing TIN Servicing Provider Contact Name Servicing NPI Servicing Physician Name Delivery and Birth Information Admit Date Delivery Date Discharge Status Home Expired Discharge Expired Discharge Status Delivery Discharge Status Delivery Discharge Status Delivery Discharge Status Delivery Discharge Date Discharge Status Delivery Discharge Status Delivery Discharge Status Discharge Status Discharge Status Discharge Status Delivery Discharge Status Discharge Status Delivery Discharge Status Discharge Status Discharge Status Discharge Status Delivery Discharge Status Dis	Hospital Information	
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Servicing NPI		
Delivery and Birth Information	Servicing Provider/Facility Informat	tion
Delivery and Birth Information Admit Date Delivery Date Discharge Date	Servicing NPI Servic	ing TIN Servicing Provider Contact Name
Admit Date	PhoneFax	Delivering Physician Name
Type of Delivery (Enter the Service Type number in the boxes)	Delivery and Birth Information	
779 C-Section Delivery 720 Vaginal Delivery Gravida/Para / Single Twins Triplets Other Maternal Discharge Status Home Expired Transferred to	Admit Date	Delivery Date Discharge Date
779 C-Section Delivery 720 Vaginal Delivery Gravida/Para / Single Twins Triplets Other Maternal Discharge Status Home Expired Transferred to	Type of Delivery (Enter the Service Type n	number in the boxes)
Gravida/Para		
Maternal Discharge Status	720 Vaginal Delivery	
Baby A Delivery Information Live Birth Neonatal Death Fetal Death Date of Birth (mm/dd/yyyy)	Gravida/Para//	
Delivery Information Live Birth Neonatal Death Fetal Death Date of Birth (mm/dd/yyyy)	Maternal Discharge Status □ Home □	□ Expired □ Transferred to
Date of Birth (mm/dd/yyyy)	Baby A	
APGARS Gestational Age Baby Name Baby Discharge Date Baby Discharge Status w/ Mom Expired Adopt Foster Care Transferred Baby B Belivery Information Live Birth Neonatal Death Fetal Death Date of Birth (mm/dd/yyyy) Birth Time (military time) Male Female Weight in Grams APGARS Gestational Age Baby Name Baby Discharge Date Baby Discharge Status w/ Mom Expired Adopt Foster Care Transferred Baby C Delivery Information Live Birth Neonatal Death Fetal Death Date of Birth (mm/dd/yyyy) Birth Time (military time) Male Female Weight in Grams APGARS Gestational Age Baby Name Baby Name Gestational Age Gestational Age Baby Name Baby Name Gestational Age Baby	Delivery Information □ Live Birth □ Neor	natal Death 🗆 Fetal Death
Baby Name	Date of Birth (mm/dd/yyyy)	Birth Time (military time)
Baby Name	Weight in Grams	APGARS/ Gestational Age
Baby Discharge Status w/ Mom Expired Adopt Foster Care Transferred Baby B Delivery Information Live Birth Neonatal Death Fetal Death Date of Birth (mm/dd/yyyy) Birth Time (military time) Male Female Weight in Grams APGARS / / Gestational Age Baby Name Baby Discharge Date Baby Discharge Status w/ Mom Expired Adopt Foster Care Transferred Baby C Delivery Information Live Birth Neonatal Death Fetal Death Date of Birth (mm/dd/yyyy) Birth Time (military time) Male Female Weight in Grams APGARS / / Gestational Age Baby Name Baby Name APGARS / / Gestational Age Baby Name Baby Name Baby Name APGARS / / / Gestational Age Baby Name Baby Name APGARS / / / Gestational Age Baby Name Baby Name Apgars Apgars / / / Gestational Age Apgars Apgars / / / Gestational Age Apgars / / / / Gestational Age Apgars / / / / Gestational Age Apgars / / / / / Gestational Age Apgars / / / / / / Gestational Age Apgars / / / / / / / Gestational Age Apgars / / / / / / / / / / / / / / / / / /		
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Weight in Grams	•	
Baby Name		
Baby Discharge Status □ w/ Mom □ Expired □ Adopt □ Foster Care □ Transferred		