Obstetrical Delivery Notification Form

AmeriHealth *Caritas* ™
Delaware

Please complete this form and fax it to **1-866-497-1384**.

Please print — accuracy is important.

Provider information

Referring provider name:		
Contact name:		
Contact phone number:	Contact fax number:	
NPI:	Provider Medicaid ID:	☐ Par ☐ Non-par

Treating provider or facility name:		
Contact name:		
Contact phone number:	Contact fax number:	
NPI:	Provider Medicaid ID:	☐ Par ☐ Non-par

Member information

Medicaid ID number:	Gender: ☐ Male ☐ Female
Member last name:	Member first name:
Member address:	
Date of birth:	ICD-10 codes:	Member phone number:

Type of request: ☐ Obstetrical delivery
Appearance, pulse, grimace, activity, and respiration (APGAR):
Weight:

HCPCS and CPT codes				
HCPCS/CPT	**Code description**	**Units**	**Dates of service**	
			From (mm/dd/yyyy)	Through (mm/dd/yyyy)

Other clinical information
If this is an out-of-network request, please provide an explanation and complete the nonparticipating provider form.

Important payment notice
Please note that reimbursement to any rendering provider is determined by satisfying the mandatory requirement to have a valid Delaware Medical Assistance (MA) provider ID. However, effective January 1, 2018, any claim submitted by a rendering provider will be denied if it is submitted without the ordering/prescribing/referring provider's Delaware MA enrolled NPI, or if the NPI does not match that of a Delaware MA enrolled provider.

To check the Delaware MA enrollment status of the provider who is ordering, referring, or prescribing the service you are providing, visit the Delaware Department of Health and Social Services (DHS) provider look-up portal at: **https://medicaid.dhss.delaware.gov/provider**.

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Notes

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