



IDAHO DEPARTMENT OF HEALTH & WELFARE

Notification of Birth: Anticipated Stays Greater Than 72 Hours

Notification Date: _____

Section 1 — *To be completed by the hospital for a mother that is receiving Idaho Medicaid at the time of birth, and the baby is anticipated to stay in the NICU unit for over 72 hours*

Baby's Information		Mother's Information	
Date of Birth		Date of Birth	
CIN#		CIN#	
Gender		AKA	
City of Residence		County of Residence	

Hospital Information

Hospital Name		NPI #	
Contact Person		Fax #	
E-mail Address		Phone #	

Comments

Section 2 — *To be completed by the Department*

IFPC — e-mail NICU-IFPC@dhw.idaho.gov or Fax # 208-528-5980

Date Baby's MID# provided to the Hospital: _____

SRS Worker (if known) _____

Response section

Instructions

Step 1—*To be completed by the Hospital for anticipated stays greater than 72 hours*

1. Electronically fill out Section 1 as completely as possible. (Leave baby's CIN # blank)
2. E-mail the form to the IFPC at NICU-IFPC@dhw.idaho.gov or Fax to 208-528-5980
3. Use the words Notification of Birth in the email subject line to provide for easy identification and quick turnaround.
4. For babies hospitalized for 72 hours or less, continue to follow your current procedure.

Step 1—*To be completed by the Department*

1. The IFPC researches and processes the request
2. Section 2 is completed with the baby's CIN# inserted in Section 1.
3. The IFPC emails or faxes the completed form back to the hospital.