Insurance Notification Form

MEMBER INFORMATION

Patient's Full Name		Date of Birth	
Address, Street & Mail		Social Security #	
Address, City		LMP (date of last period)	
Address, State, Zip		EDD (due date)	
Phone Number(s)		First Appt for Pregnancy	
Email		Estimated Final Appt	

INSURANCE INFORMATION

Insurance Company		Name of Insured	
Payer ID or EDI #		Insured's SS# & Date of Birth	
Customer Service Phone		Relation to Pt, Address if Dif.	
Claims Mailing Address		Employer/Plan, Address, & Phone / Fax	
Fax # for Authorizations		Member or Policy ID #	
Fax# Newborn Notifications		Group Name and/or ID #	

PROVIDER INFORMATION

☐	Highland Midwife Birth Services NPI # 1790151421 PO Box 800, Goldendale WA 98620 TIN # 47-4788747 Lorri Carr, *LM CPM LDM LDEM* NPI # 1629227087 Contact: 509-314-1444 phone / fax 509-772-2626	☐	Community Birth Group NPI #: 1669941258 Tax ID #: 82-5118810 Contact: Gabrielle @ 210-727-4227
☐	National Birth Centers, NPI#1215474028 TIN#27-3968667	☐	Private Healthcare Facilities NPI # 1043789613 Tax ID #: 82-4920371 Contact: Gabrielle @ 210-727-4227

ACTION REQUESTED OR NOTIFICATION PROVIDED

	Pregnancy Notification for care by this practice, see relevant dates above under Member Info.	☐	**In-Network rate** exceptions for gaps in coverage; there is no In-Network adequacy within this service area.
	Pre-Authorization for care as follows:	☐	**Add Baby** to Plan; Name:
☐	Primip pregnancy Z32, Z34.0-1,-2,-3 & all related codes	☐	**Newborn Notification:**
☐	Multip pregnancy Z32, Z34.8-1,-2,-3 & all related codes		☐ Live ☐ Stillborn ☐ Male ☐ Female
☐	Global Maternity Care O80, 59400, including: 59409,		Type of Delivery: ☐ Vaginal ☐ VBAC ☐ C-section
	59410, 59425, 59426, 59430, 99203, 99204, 99213, 99214,		Birth Location: ☐ Home ☐ Office ☐ Hospital
	99215, 99291, 99292, 99347, 99348, 99354, 99355		Date/Time of Birth:
☐	Postpartum/Gyn incl: Z01.419, Z12.4, Z30.09, Z39.-0,-1,-2		Birth Weight: Gestational Age:
☐	Newborn care, including: 99460, 99461, 99463, 99464,		Apgars at 1/5/10 minutes: / /
	99465, V5008, Z00.110, Z00.111, Z01.10, Z38.1		Maternity Admit Date/Time:
	SPD Requested (specific plan details for above policy)		Mat./NB Discharge D/T:
	Reconsider Claim #s:		**Other:**
Ref #s:			Date of this Request/Notification:

Auth #s and details (for insurance company use)**:**