



NICU/PICU Notification of Admission Form
Initial Review Form

Please complete this form at the time of admission for all new NICU/PICU admits
and fax it back to (800) 453-4341

Request authorization:

Bed Type Requested

☐ PICU ☐ NICU

Level of Care (NICU Only)

☐ 1 ☐ 2 ☐ 3 ☐ 4

Admit date:

☐ Premature Delivery

☐ Complicated Term Delivery

Member information (Parent/Guardian information)

Member ID #:

Member Name:

Member DOB:

Child information

Child Name:

Child DOB:

Facility information

Facility name:

NPI/TID:

Facility fax #:

Facility phone #:

Utilization Reviewer Information

Name:

Phone #:

Confidential voicemail

☐ Yes ☐ No

Fax #:

Discharge Planning

Discharge planner name:

Phone #:

Confidential voicemail

☐ Yes ☐ No

Fax #:

ICD-10 diagnoses

Maternal History including psychosocial issues & pregnancy related medical issues**Patient Treatment History****Risk Assessment / Functional Impairments** ☐ Not applicable**Co-occurring medical / physical illness** ☐ Not applicable**Weight, Vitals, Gestational Age, Corrected Age****Treatment Plan**

Treatment goals:

Medications:

Aftercare plan:

| Additional Notes |
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