



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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