



IDAHO DEPARTMENT OF
HEALTH & WELFARE

**Notification of Birth:
Anticipated Stays Greater Than 72 hours**

Notification Date _____
Please fill out completely as possible

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	
Full Name		Name	
Date of Birth		Date of Birth	
CIN#		CIN#	
Gender		AKA	
City of Residence		County of Residence	

Hospital Information

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

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	
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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 it to 208-528-5980.
3. Use the words '**Notification of Birth**' in the email subject line to provide for easy identification and quick turn around.
4. For babies hospitalized for 72 hours or less, continue to follow your current procedure.

Step 2—*To be completed by the Department*

1. The IFPC researches and processes the request.
2. **Section 2** is completed with the babies CIN# inserted in **Section 1**.
3. The IFPC e-mails, or faxes, the completed form back to the Hospital.