

Notification of Birth Form



This form must be faxed within 24 hours of birth to WellSense Health Plan's Enrollment department at 866-335-9317.

Member information (please print clearly)

Mother's WellSense ID number

Mother's name (last, first, middle initial)

Mother's address

City

State

Zip code

Phone

Mother's admission date

Hospital or facility name

Baby's information

Birth weight

Sex: Male Female

Gestational age

Apgar score

Type of delivery

Vaginal C-section

Multiple birth

Yes (complete a separate form for each baby) No

Nursery

Well newborn NICU

Baby's admitting doctor