



Pre-certification Fax Form for NICU Notification

Fax No. (915) 298-5278/Toll Free (844) 200-5278

Web Portal: www.epfirst.com

Phone No. (915) 532-3778/Toll Free (877) 532-3778

PLEASE NOTE: All services requiring pre-certification (other than on an emergency basis) must be approved in advance by a HMO Medical Director/designee. Pre-certification is subject to all terms and conditions of the Health Service Contract and is only valid for eligible health plan member at time of service.

NICU Notification

THIS FORM MUST BE ACCOMPANIED BY THE FACILITY FACE SHEET

DATE: _____ FACILITY NAME: _____

CONTACT PERSON: _____

PHONE: _____ FAX NO.: _____

TPI #: _____ NPI #: _____

MEMBER NAME & GENDER: _____ MOTHER'S PLAN I.D.: _____
(Ex.: NB FEMALE DOE, JANE)

INFANT'S DOB: _____ MR # _____ ACCT # _____

NICU ADMIT DATE: _____ ADMITTING MD: _____

TYPE OF DELIVERY: VAGINAL C-SECTION

ADMITTING DIAGNOSIS: _____

COMPLETE INFORMATION BELOW FOR ADDITIONAL BIRTH ONLY

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INFANT'S DOB: _____ MR # _____ ACCT # _____

NICU ADMIT DATE: _____ ADMITTING MD: _____

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COMMENTS:

THIS PRECERTIFICATION DOES NOT GUARANTEE PAYMENT OF BENEFITS NOR VERIFY ELIGIBILITY. PAYMENT OF BENEFITS IS SUBJECT TO ALL TERMS, CONDITIONS, LIMITATIONS AND EXCLUSIONS OF THE MEMBER'S CONTRACT. REGARDLESS OF A DETERMINATION, MEDICAL, DECISIONS REGARDING A COURSE OF TREATMENT ARE SOLELY BETWEEN THE PHYSICIAN AND THE PATIENT.