



**El Paso Health**  
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

**Pre-certification Fax Form for  
NICU Notification**  
Fax No. (915) 298-5278  
Toll Free Fax No.: (844) 200-5278  
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: _____ <small>(Ex.: NB FEMALE DOE, JANE)</small>	MOTHER'S PLAN I.D.: _____
INFANT'S DOB: _____	MR # _____ ACCT # _____
NICU ADMIT DATE: _____	ADMITTING MD: _____
TYPE OF DELIVERY: <input type="checkbox"/> VAGINAL <input type="checkbox"/> C-SECTION	
ADMITTING DIAGNOSIS: _____	

### COMPLETE INFORMATION BELOW FOR ADDITIONAL BIRTH ONLY

TWIN A <input type="checkbox"/>	TWIN B <input type="checkbox"/>
MEMBER NAME & GENDER: _____ <small>(Ex.: NB FEMALE DOE, JANE)</small>	MOTHER'S PLAN I.D.: _____
INFANT'S DOB: _____	MR # _____ ACCT # _____
NICU ADMIT DATE: _____	ADMITTING MD: _____
TYPE OF DELIVERY: <input type="checkbox"/> VAGINAL <input type="checkbox"/> C-SECTION	
ADMITTING DIAGNOSIS: _____	

<b>COMMENTS:</b>
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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.