



Children's Mercy PEDIATRIC CARE NETWORK

2420 Pershing, Suite G10, Kansas City, MO 64108
MO: 877-347-9367 KS: 833-802-6427 Fax: 888-670-7260
pcnprecert@cmfcn.org <https://www.cmics.org/pcn>

To: _____ From: _____

Recipient Fax: _____ Sender's Fax: _____

Best Contact #: _____ Date Sent: _____

Well-Baby

NICU

Clinical Attached

REQUIRED INFORMATION

Hospital _____ NPI _____

Insurance Plan: UHC MO UHC KS Wellcare Type of Delivery: Vaginal C-Section

Plan ID/DCN: _____

Mother First Name: _____ Mother Last Name: _____

Mother DOB: _____ Mother Admit Date: _____

Mother Discharge Date: _____

Baby First Name: _____ Baby Last Name: _____

Baby DOB: _____ Baby Gender: Male Female

Baby Admit Date: _____ DX Code: _____

Baby Discharge Date: _____ DX Description: _____

Request for Authorization Number?

Fax or Phone to be Reached: _____

Notes/Comments: