



Children's Mercy PEDIATRIC CARE NETWORK

2420 Pershing, Suite G10, Kansas City, MO 64108
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pcnprecert@cmpcn.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 Healthy Blue

Plan ID/DCN: _____ Type of Delivery: Vaginal C-Section

Mother First Name: _____ Mother Last Name: _____

Mother DOB: _____

Mother Admit Date: _____ Mother Discharge Date: _____

Mother's Address: _____

Baby First Name: _____ Baby Last Name: _____

Baby DOB: _____ Baby Gender: Male Female

Well Baby Nursery Admit Date: _____ DX Code: _____

Well Baby Nursery Discharge Date: _____ DX Description: _____

NICU Admit Date: _____

Rev Code: _____

Request for Authorization Number?

Fax or Phone to be Reached: _____

Notes/Comments: