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@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   ❑ Aetna KS

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: