

**FAX TO: 906-225-8683 Attn: Sandy**

**Fax this form as well as the DELIVERY SUMMARY  
(if available) at the time of delivery.**

**Delivering Hospital:** \_\_\_\_\_

- **Mother's Full Name:** \_\_\_\_\_
- **Mother's UPHP ID#:** \_\_\_\_\_
- **Mother's Date of Birth:** \_\_\_\_\_ • **Mother's Phone Number:** \_\_\_\_\_
- **Mother's Address:** \_\_\_\_\_  
\_\_\_\_\_
  
- **Delivery Date:** \_\_\_\_\_
- **Sex/Gender:**  Male  Female • **Weight** \_\_\_\_\_ grams
- **Newborn Name (if available):** \_\_\_\_\_
- **Primary OB/GYN Office / Group Name:** \_\_\_\_\_
- **Delivering Physician Name:** \_\_\_\_\_

**As applicable:**  *If any additional insurance (besides UPHP), please send copy*

**In-network hospitals: Effective 10/1/18 UPHP no longer requires in-network providers to notify UPHP within 1 business day of inpatient admission/observation services for UPHP Medicaid, HMP and CSHCS members in order to receive payment - EXCEPT FOR NICU ADMISSIONS - notify UPHP Utilization Management by *calling* (906) 225-7774 or *faxing* (906) 225-9269 within one business day of admission.**

**Out-of-network hospitals: Please notify UPHP Utilization Management of inpatient admissions and observation services by *calling* (906) 225-7774 or *faxing* (906) 225-9269 within one business day of admission.**

***Thank you!***

*Sandy Cittadino, Administrative Assistant  
UPHP Clinical Services- Quality Management  
Phone – 906-225-7773*

*In accordance with a contractual agreement with the Michigan Department of Community Health, the Upper Peninsula Health Plan (UPHP), Marquette, Michigan, has the obligation to review medical records related to the administration of the Michigan Medicaid Program for UPHP enrollees. The confidentiality of this medical information will be maintained by the Upper Peninsula Health Plan in accordance with the Michigan Medical Services Administration Provider Manual requirements and federal and state regulations.*