

## **Prebirth Provider Selection Form**

This form must be completed and submitted by the member's healthcare provider. Members who are pregnant and wish to identify their newborn's primary medical provider (PMP) before delivery may have obtained this form from Anthem Blue Cross and Blue Shield (Anthem) for their provider to complete and return. The provider should complete all fields and fax the completed form to **877-652-1236**.

Date: F	rovider phone number:	
Name of provider competing this form:		
Member information		
Multiple birth:  Yes  No	Member (mother) date of birth:	
Member (mother) name:		
Member recipient identification number (RID):		
Member street address:		
City:	State:	ZIP code:
Member phone number:	Mother's due date:	
Mother's signature:	Date:	
Newborn information		
Newborn's primary medical provider (PMP) name:		
Provider street address:		
City:	State:	ZIP code:
If PMP panel is full, PMP must sign below authorizing the addition to their panel.		
Provider's signature:		Date:

## https://providers.anthem.com/in

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative. AINPEC-3553-21 December 2021