



Date of Request: _____

Horizon NJ Health

Well Mom/Well Baby Authorization Request

Fax completed form to Horizon NJ Health: **1-973-274-2371** or
email: **wellmomwellbabyhnjhfax@HorizonBlue.com**

In place of this Form, you can submit Authorization Requests online securely via Navinet. If you are not registered, please visit **www.Navinet.net** and click *Sign Up* or call Navinet Customer Care at **1-888-482-8057**.

GENERAL INFORMATION:	
Name of Mother (Last, First):	
Horizon NJ Health ID# Mom:	DOB:
Member Address:	Member Phone #:
List Any Additional Insurance:	
Policy Name/Number:	

MEDICAL INFORMATION NEEDED	
Date/Date Range of Service:	Number of requested Visits:
Delivering/Requesting Physician's Name:	
Physician's HNJD ID#:	
Name of VNA Agency:	Agency ID#:
Office Contact Name:	
Contact Phone #:	Fax #:
Date of Delivery:	Discharge Date:
Delivery Method: <input type="checkbox"/> Vaginal <input type="checkbox"/> Caesarean Section	Apgars:
# of Gestation Weeks:	Birthweight:
Baby Sex/Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Mom Only Visit <input type="checkbox"/> Baby Detained <input type="checkbox"/> Baby Only Visit

Internal Use Only:

Newborn ID #	Authorization #
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