OKLAHOMA
Health Care Authority

NODOS – NB1 – Change Request

☐ NODOS ☐NB1 ☐Change Request

Email to: NODOS-NB1@okhca.org *The fields with an * are required.*

PROVIDER INFORMATION

*Provider ID#:	*Provider Name:
*Requester Email:	

NODOS - MEMBER INFORMATION

*Member ID#:	*NODOS ID:	Member SSN:
*Member Name:	*Member DOB:	

If NODOS is for newborn and baby has not yet been named, enter "baby girl" or "baby boy" in first name field.

NB1 – ADDING NEWBORN TO CASE

*Mother's Name:		*Mother's Member ID#:	
*Father's Name:		Unknown: ☐	
Last Name	**First Name**		**MI**
Sex ☐M ☐F	**DOB (mm/dd/ccyy)** _____/_____/_____	**Was this baby born:** ☐ First ☐ Second ☐ Other____	**Date of Death** (if applicable) _____/_____/_____
Race of Newborn (Check at least one. Check as many as apply.) ☐ African American/Black ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander ☐ Native American/Alaskan Native			
Hispanic or Latino? Yes No			
Has the mother relinquished her rights to the newborn? ☐ Yes ☐No			**If yes, what date?** _____/_____/_____
If previous answer is No: Primary Care Provider Requested (Include all known information, i.e., Provider Name, Address, City, Phone)			
Newborn #2			
Last Name	**First Name**		**MI**
Sex ☐M ☐F	**DOB (mm/dd/ccyy)** _____/_____/_____	**Was this baby born:** ☐ First ☐ Second ☐ Other____	**Date of Death** (if applicable) _____/_____/_____
Race of Newborn (Check at least one. Check as many as apply.) ☐ African American/Black ☐ Asian ☐ Caucasian ☐ Hawaiian/Pacific Islander ☐ Native American/Alaskan Native			
Has the mother relinquished her rights to the newborn? ☐ Yes ☐No			**If yes, what date?** _____/_____/_____
If previous answer is No: Primary Care Provider Requested (Include all known information, i.e., Provider Name, Address, City, Phone)			
For triplets or more: Use additional sheets and indicate baby's birth order number.			

Change Request Information: (place any address or other changes below)

Please allow at least 72 hours for processing.