



Pregnancy Notification Form

Urgent – Time Sensitive

Upon confirmation of a positive pregnancy test, please complete the form including how you met the first prenatal visit requirements. Fax toll free to (855) 556-1424. If you have questions or need help, call (877) 665-4628.

Member Information

Today's Date: _____
 Member's Name: _____ Member ID/CIN: _____ Member DOB: _____
 Preferred Language: _____ Phone #: _____ Alternate Phone #: _____
 Address: _____ City: _____ State: _____ Zip: _____
 LMP: _____ EDC: _____ Date of Pregnancy Diagnosis: _____

Prenatal Visit

1st Trimester Documentation* (choose at least one)

- TORCH panel
- Rubella antibody test w/ Rh incompatibility
- Complete obstetric history
- Prenatal risk assessment w/ education
- Pelvic exam w/ OB observations
- Echo of pregnant uterus
- OB Panel (OB/GYN recommended)

Date of First Prenatal Appointment: _____

**PCPs need to include a pregnancy related diagnosis code with one of the above*

High Risk Conditions

Current Pregnancy

- Hypertension
- Diabetes
- Smoking
- Excessive Nausea/Vomiting
- 17 P Candidate (If +PTD)
- Pre-term Labor
- Multiple Gestation
- Other: _____

Past Pregnancy History

- N/A
- Hypertension
- Diabetes
- Pre-term labor
- Pre-term delivery
- Fetal Demise
- Pre-eclampsia or Toxemia
- Other: _____

Provider Information

Practitioner's Name: _____

Practitioner's Address: _____ Phone # _____

IPA Name: _____

Referred to OB/GYN Practitioner: _____

Referred to OB/GYN Practitioner Phone #: _____

Provider Signature: _____ Date: _____