



PRENATAL EARLY NOTIFICATION AND 17P REQUEST FORM

A HEALTHY BABY IS A MOLINA BABY

Member Name: _____ DOB: _____
Date of First Prenatal Visit: _____ Member Telephone Number _____

This section to be completed by Office Staff Only

Practitioner Name: _____ Telephone: _____
Contact Person: _____ Telephone: _____ Office Fax _____
Normal Pregnancy? Yes [] No [] High Risk Pregnancy? Yes [] No []
EDC Date _____ CPT-4 _____ ICD-9 _____
Practitioner Ordered 17P? Yes [] No [] (If yes, complete order form below and include current clinic notes with this request)

REMINDER TO BILL NOW TO RECEIVE THE \$150.00 EARLY NOTIFICATION FEE!
Prior Authorization (PA) # _____ ICD-9 V72.42 CPT-4 Code - 59899
Please use the same prior authorization (PA) # above for Global OB Services.

Please Note: Molina Healthcare of New Mexico, Inc.(Molina Healthcare) enhances this program by offering a \$500 incentive to your office whenever you administer a complete course of 17-P, for those members at risk of preterm delivery that you deem appropriate. When you request 17P directly from us, we will order and have it sent directly to your office from our compounding pharmacy, Wedgewood. Molina Healthcare tracks this and remits payment after delivery of baby. If another source of 17P is utilized, please inform us. If you have any questions please call toll free (800) 377-9594 ext. 181120.

Fax to Molina Healthcare of New Mexico, Inc. toll free at (866) 472-4575

17P Prescription Order

Member Name: _____ DOB: _____
Member Telephone Number: _____
Allergy Information: _____
Number of Injections: _____ 17 Alpha-Hydroxprogesterone Caproate Inj 10ml 250/ml
Practitioner Signature: _____
Practitioner Telephone: _____
Practitioner Address: _____