



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 (855) 322-4075.

Member Information

Visit 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
G: _____ P: _____ A: _____
- ☐ Prenatal risk assessment w/ education
- ☐ Pelvic exam w/OB observations
- ☐ Echo of pregnant uterus
- ☐ OB Panel (OB/GYNuse)

**PCPs must include a pregnancy related diagnosis 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

Provider's Name: _____ Practitioner's NPI: _____

Provider's Address: _____ Phone #: _____

Medical Group Name: _____

Referred to OB/GYN Provider: _____ OB/GYN Provider Phone #: _____

☐ I confirm that this document is also filed with the member's legal health/outpatient record.

Provider Signature: _____ Date: _____