

Provider Memorandum

Updated Pregnancy Notification Form

Molina Healthcare of Illinois (Molina) has revised its Pregnancy Notification Form (PNF). The PNF provides Molina with valuable information to assist in identifying pregnant Members and ensuring they receive the timely prenatal and postpartum care needed.

Providers should complete the form for all pregnant Molina Members and fax to Molina's Quality Improvement Department. A copy of the attached PNF is also available on Molina's Provider website at: <http://www.molinahealthcare.com/providers/il/medicaid/forms/pages/fuf.aspx>.

PNF Submission Process

- 1) Complete all Member information.
- 2) Complete the Provider Information section with the name of the OB/GYN to whom the Member was referred for prenatal care.
- 3) Fax the PNF to Molina's Quality Improvement Department at **(866) 617- 4969**.

If you have any questions, please contact Provider Services at (855) 866-5462. Representatives are available Monday through Friday, 8 a.m. to 5 p.m. You may also visit our website at www.MolinaHealthcare.com to learn more about Molina Healthcare.

Pregnancy Notification Form

Molina Healthcare of Illinois

Today's Date: _____

Urgent - Time Sensitive

Upon confirmation of a positive pregnancy test, please complete the form and fax toll free to **(866) 617-4969**. If you have questions or need assistance, please call **(855) 866-5462**.

Member Information

Member's Name: _____ Member ID: _____
Member's DOB: _____ Preferred Language: _____
Phone #: () _____ Alternate Phone #: () _____
Address: _____ City: _____ State: _____ Zip: _____
Last Menstrual Period (LMP): _____ Estimated Date of Confinement (EDC): _____
IPA Name: _____

High Risk Condition(s)

Current Pregnancy

- ☐ Hypertension ☐ Pre-term labor
☐ Diabetes ☐ Multiple Gestation
☐ Smoking
☐ Excessive Nausea & Vomiting
☐ No problems with current pregnancy
☐ Other: _____

Past Pregnancy

- ☐ N/A
☐ Hypertension
☐ Diabetes
☐ Pre-term labor
☐ Pre-term delivery
☐ No problems with past pregnancy
☐ Other: _____

Provider Information

Practitioner's Name: _____
Practitioner's Address: _____
Practitioner's Phone Number: _____
Date of First Prenatal Appointment Scheduled/Completed: _____
Referred to OB/GYN Practitioner: _____
Referred OB/GYN Practitioner Phone #: () _____