



CHIP Pregnancy Notification Report

Thank you in advance for completing this form

Please complete all sections and fax within **1 day** of the **first** prenatal visit and/or positive pregnancy test.

Program: CHIP

Today's Date: ____ / ____ / ____

DIRECTIONS FOR COMPLETION OF FORM:

Step 1: Complete all member information.

Step 2: Complete the OB/GYN section with the name of the OB/GYN to whom the member was referred for prenatal care.

Step 3: Fax form to Molina Healthcare at **1 (844) 206-0435**

Step 4: If you have any questions or need some assistance, please contact us at **1 (844) 809-8438**

STEP 1: MEMBER INFORMATION

Member's Name:		Member ID/CIN:	
Address:		CITY:	STATE: ZIP:
Member DOB: / /		Phone #: () -	
		Alternate Ph.#: () -	
Date of Positive Pregnancy Test: / /		Preferred Language:	
LMP:		EDC:	
Gravida:	Para:	Number of Live Births:	

High Risk Condition(s) (if known):

CURRENT PREGNANCY

- Hypertension Excessive Nausea & Vomiting
- Diabetes Pre-term labor
- Smoking Multiple Gestation
- No problems with Current Pregnancy

Other:

PAST PREGNANCY

- N/A
- Hypertension Diabetes
- Pre-term labor Pre-term delivery
- No problems with Current Pregnancy
- Other:

STEP 2: OB/GYN INFORMATION

OB/GYN Practitioner's Name:	
OB/GYN Practitioner's Phone Number: () -	
Date of First Prenatal Appointment: / /	
Referring Practitioner:	Phone: () -

STEP 3: FAX FORM TO MOLINA HEALTHCARE

Fax to Molina Healthcare Fax line at **1 (844) 206-0435**

STEP 4: CALL MOLINA WITH QUESTIONS

If you have any questions or need assistance, please contact us at **1 (844) 826-4335**

Thank you for taking such good care of our members!

[Original form to remain in member's chart]