

Pregnancy Notification Form

Please complete the following information after the initial prenatal visit to:

1. Assist Case Management in the identification of high risk members.
2. Identify pregnancies so they can be reported to HHSC in accordance with contractual requirements.
3. Assist in transitioning eligible, pregnant CHIP members to Medicaid.

Call (832) 828-1004 or fax to (832) 825-8779.

Member's name:	DOB:
Member ID #:	Member Phone #:
Member address:	
OB name:	Phone #:
Office contact:	Fax #:
Gravida/Para/AB/living:	Delivery facility:
Expected date of delivery:	
Risk factors:	
Date of first office visit with this Dr:	Weeks gestation:
Previous prenatal care?	Where:
Date of <u>first</u> prenatal visit:	
Comments/special information:	

Standard length of stay is two nights after a vaginal delivery and four nights after a c-section.

Please call (832) 828-1004 for authorization if your patient medically requires a longer stay.

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