Prenatal Notification Form

Prestige HEALTH CHOICE®
Leading the Way to Quality Care

To submit requests, please complete this form and fax to **1-855-358-5852**.
If you have questions, please call the Bright Start® department at **1-855-371-8076**.

Provider information

Provider name:		Tax ID:
Phone:	Fax:	
Address:		
City:	State:	ZIP code:

Member information

Member name:		Medicaid ID number:
Date of birth:	Phone:	Preferred language:
Address:		
City:	State:	ZIP code:

Tobacco use: Average number of cigarettes smoked per day. If none, enter 0; 1 pack = 20 cigarettes.

Pre-pregnancy: First trimester: Second trimester: Third trimester:

Pregnancy information and history

Date of first prenatal visit:				Makena candidate: ☐ Yes ☐ No	
EDC:	Gest. age:	Gravida:	Para:	Pre-term:	Living:
Abortions: ☐ Spontaneous ☐ Induced				Three consecutive abortions: ☐	

Last pregnancy:

- ☐ Low birth weight <2,500 grams
- ☐ Gestational diabetes
- ☐ Classical incision/C-section
- ☐ Congenital anomaly:
- ☐ Other (specify):
- ☐ History of incompetent cervix
- ☐ Premature ROM
- ☐ IUGR
- ☐ Fetal death >20 weeks
- ☐ Pre-eclampsia/eclampsia
- ☐ Hx of DVT/PE
- ☐ STD history
- ☐ Postpartum depression
- ☐ Pre-term delivery gest.

Current pregnancy:

- ☐ Multiple gestation
- ☐ Twins
- ☐ Triplets
- ☐ Other:
- ☐ Pre-eclampsia
- ☐ Eclampsia
- ☐ Premature labor
- ☐ Diabetes
- ☐ RH sensitization
- ☐ Renal disease
- ☐ Placenta previa
- ☐ Heart disease
- ☐ Sickle cell disease
- ☐ Abnormal ultrasound
- ☐ Premature rupture or membranes
- ☐ Hypertension
- ☐ Incompetent cervix
- ☐ Alcohol or drug problems
- ☐ STD
- ☐ Poor weight gain
- ☐ IUGR
- ☐ 2nd/3rd trimester bleeding
- ☐ Periodontal disease
- ☐ PIH
- ☐ Previous delivery within 1 year of EDC
- ☐ Late and/or inconsistent prenatal care/ Seizure disorder
- ☐ Asthma
- ☐ HIV
- ☐ Hepatitis B
- ☐ No current risk

Pregnancy information and history

Active mental health conditions

- ☐ No mental health conditions
- ☐ Schizophrenia
- ☐ Bipolar
- ☐ Depression
- ☐ Other (specify):

Social, economic, and lifestyle issues

- ☐ No identified social, economic, or lifestyle issues
- ☐ Eating disorder
- ☐ Intellectual impairment
- ☐ Homelessness
- ☐ Opioid therapy
- ☐ Substance use (specify type):
- ☐ Mental, physical, and/or sexual abuse (current or history of):

Resources and referrals

Provider has either completed or educated the member on the following:

- ☐ Health Start prenatal risk screening
- ☐ The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) resources

Prestige Health Choice follows ICD-10 coding to be in compliance with Agency for Health Care Administration (AHCA) requirements. All providers are required to be in compliance and bill claims accordingly. For more information, please visit the Prestige Health Choice website at **www.prestigehealthchoice.com**, or call Provider Services at **1-800-617-5727**.

Low risk ICD-10 code: _____

High risk ICD-10 code: _____

If the member has any changes in condition during pregnancy, please call Bright Start or fax an updated form. This updated information can assist Bright Start with member outreach.

Internal use only

Maternity authorization number:	
Covering dates of services:	to