Prestige
HEALTH CHOICE®
Leading the Way to Quality Care

Prenatal Notification Form

To submit requests, please complete this form and fax to **1-855-358-5852.**
If you have any 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:
Member DOB:	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 <2500 grams
- ☐ History of incompetent cervix
- ☐ Fetal death >20 weeks
- ☐ STD history
- ☐ Gestation diabetes
- ☐ Premature ROM
- ☐ Pre-eclampsia/Eclampsia
- ☐ Postpartum depression
- ☐ Classical incision/C-section
- ☐ IUGR
- ☐ Hx of DVT/PE
- ☐ Pre-term delivery gest. ________
- ☐ Congenital anomaly: ________________________________
- ☐ Other (specify): ________________________________

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

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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

As of October 1, 2015 Prestige has transitioned to 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 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 ____________