



Aetna Better Health[®] of Florida

Member Notification of Pregnancy

The form is confidential and is also available online at www.AetnaBetterHealth.com/Florida. You may email the completed form to FLMemberEBdocs@aetna.com or call Member Services at 1-800-441-5501 to provide the information.

***Medicaid ID #:** _____

Your First Name: _____ Your Last Name: _____

***Your Birth Date MMDDYYYY:** _____

Phone Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Your OB Provider Information:

First Name: _____ Last Name: _____

Phone Number: _____

Clinic Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your Current Pregnancy Information

I have been to my first prenatal visit Yes No

I am in my first trimester Yes No

I completed a Health Risk Assessment Yes No