



Aetna Better Health[®] of Illinois

Maternity Notification

Please complete this form once you have been told by a doctor that you are pregnant. The address to mail the completed form is:

Aetna Better Health of Illinois
ATTN: Case Management Department
3200 Highland Avenue, MC F648
Downers Grove, IL 60515

You can also use the prepaid envelope provided in this booklet. If you have questions about your benefits or would like to speak to an OB care manager, call **1-866-329-4701 (TTY: 711)**.

Demographics

Name:	Date of Birth:	
Address (Physical Address: Street, Apt #, State, Zip):		
Home Phone:	Cell Phone:	Email:

Pregnancy Information

Have you seen your OB/GYN? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, the OB/GYN you are seeing is:
How far along are you? <input type="checkbox"/> First Trimester (1-12 wks.) <input type="checkbox"/> Second Trimester (13-26 wks.) <input type="checkbox"/> Third Trimester (27-40 wks.) <input type="checkbox"/> I do not know
Do you need help signing up for WIC? (nutrition program for pregnant, breastfeeding women and families): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already signed up <input type="checkbox"/> No, not interested at this time <input type="checkbox"/> Would like more information
Do you plan to breastfeed your baby? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you need to learn more about breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No

AetnaBetterHealth.com/Illinois-Medicaid

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Resource Needs

- | | | |
|---|------------------------------|-----------------------------|
| Have transportation issues kept you from medical appointments or getting medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been worried about running out of food before there was money to buy more? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has the gas, electric or water company threatened to shut off services in your home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have housing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel physically and emotionally safe where you currently live? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you see or talk to people you care about and feel close to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have problems getting childcare to be able to go to work/appointments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel tense, stressed, nervous, anxious or cannot sleep because you worry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you need help finding a job? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you feel stressed about caring for another family member? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered **“yes”** to any of the Resource Needs questions above, call Aetna Better Health of Illinois at **1-866-329-4701 (TTY: 711)** and ask to speak to a case manager. We will help you find the resources you need in your community.

[AetnaBetterHealth.com/Illinois-Medicaid](https://www.aetna.com/better-health/illinois-medicaid)

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