

Aetna Better Health[®] of Kansas
9401 Indian Creek Parkway, Suite 1300
Overland Park, KS 66210



AETNA BETTER HEALTH[®]

Prenatal Notification

Notification is requested for all prenatal care and delivery. The Plan has developed a Promise Program for all of our expectant mothers. This program is an added benefit that encourages prenatal care and a healthy lifestyle during the pregnancy. Expectant members are enrolled in this program when the Plan is notified of the pregnancy.

Please complete this form on or after your patient's first visit, or when eligibility is confirmed for Aetna Better Health of Kansas. Simply fax or email the completed form with supporting documents to **1-959-900-6055 or ABHKS_QM_operations@AETNA.com.**

Member Name _____ Member Number _____

Phone Number _____ Secondary Number _____ DOB _____

First prenatal visit _____

Gravida _____ Term _____ Preterm _____ AB _____ Living _____

Chlamydia Screening Yes _____ No _____

(If yes please attach results and fax with this form for our HEDIS quality reviews)

High Risk Factors (mark all that apply)

Hx of Preterm Labor _____ Hx of Pregnancy Loss _____ Multiple Gestation _____

Diabetes _____ Heart Disease _____ Asthma _____ HIV/Autoimmune Disease _____

Other (please specify) _____

Delivering Provider Name _____ Phone Number _____

Office Address _____ Office Fax Number _____

City/State/Zip _____

For information regarding member benefits please call **Provider Experience** at:

1-855-221-5656

Additional forms can be obtained on the provider website at:

www.aetnabetterhealth.com/kansas