



PRENATAL NOTIFICATION FORM

Notification is requested for all prenatal care and delivery. The plan has developed a Healthy Basics for Healthy Baby program for its expectant members. This program encourages prenatal care and a healthy lifestyle and is an added benefit to the regular obstetrical care they receive. 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 *Medicaid* members, and fax to Aetna Better Health of Kentucky at **1-855-454-5579**.

Member Name		Member ID Number				
Home Phone Number		Work Phone Number			Date of Birth	
Date of 1st Prenatal Visit	EDC/Due Date	Gravida	Term	Preterm	AB	Living
Chlamydia Screening <input type="checkbox"/> Yes <input type="checkbox"/> No						
(If yes, please attach the lab results and fax with this prenatal form for our HEDIS quality review)						
Lab Results						
HIGH RISK FACTORS (check any that apply)						
<input type="checkbox"/> Hx of Preterm Labor		<input type="checkbox"/> Hx of Pregnancy loss		<input type="checkbox"/> Multiple Gestation		
<input type="checkbox"/> Diabetes Mellitus		<input type="checkbox"/> Heart Disease		<input type="checkbox"/> HIX/Autoimmune Disease		
<input type="checkbox"/> Other (specify):						
Delivering Physician (Full Name/Title)				OB Office Phone number and contact name		
Office Street Address/City, State, Zip Code				Office Fax Number		

Additional forms available on our website: www.aetnabetterhealth.com/kentucky