

## Instructions to Complete Pregnancy Notification Form

- Whether or not the patient is a Advanced Health member: the provider is responsible for completing this form and submitting it to Advanced Health Medical Management Department within two (2) weeks of a patient’s positive pregnancy test or first appointment.

Please have the patient sign the “Waiver of Information” portion. *If the patient does not sign the form the provider cannot notify Advanced Health of the pregnancy.*

- Fax completed form to Advanced Health’s Medical Management Department at (541) 269-7147.
- If you have questions concerning this form or other related issues, please contact Advanced Health’s Medical Management Department at (541) 269-4564.

To complete form, please follow these instructions:

<b>Provider Submitting Form:</b>	Enter the name of the Physician or Nurse Practitioner.
<b>Provider Phone #:</b>	Enter the phone number of the Physician or Nurse Practitioner’s office where someone can be reached.
<b>Patient Name:</b>	Enter the full name of the patient.
<b>Date of Birth:</b>	Enter the date of birth of the patient.
<b>Address:</b>	Enter the most recent mailing address of the patient.
<b>Phone #:</b>	Enter the most recent phone or message number for the patient.
<b>Is patient on the OHP:</b>	Circle (Yes) if the patient is on the Oregon Health Plan. Circle (No) if the patient is not on the Oregon Health Plan.
<b>If “Yes”, please enter OHP ID#:</b>	Enter the patient’s Oregon Health Plan ID # number.
<b>Is the patient uninsured:</b>	Circle (Yes) if the patient has any type of medical insurance. Circle (No) if the patient does not have any medical insurance at all.
<b>Estimated Due Date:</b>	Enter the patient’s estimated delivery date
<b>Date of Positive Pregnancy Test:</b>	Enter the date that the patient first had a positive pregnancy test. **If a home pregnancy test was done, please indicate the date that the patient confirmed the positive test.
<b>Date of First Appointment:</b>	Enter the date of the first appointment that the patient has/had regarding pregnancy.
<b>Does patient have an OB provider:</b>	Circle (Yes) if the patient has someone overseeing her pregnancy.

Circle (No) if the patient does not have someone overseeing her pregnancy.

**If "Yes", who:**

Enter the name of the Physician or Nurse Practitioner overseeing the patient during her pregnancy.

**Waiver of Information:**

Please have the patient sign and date the waiver portion of this form if she is not an OHP Member. If she does not sign, you cannot release her information to Advanced Health.

