



Notification of Pregnancy Form

Phone number:

313-586-6071

Fax number:

313-827-5694

Attn: Health Management Department

MEMBER DATA

Date		Date of Birth	
Last Name		First Name	
Address		Phone #	
City		Alternate Phone #	
ZIP		Member ID	

HEALTHCARE PROVIDER DATA

PCP Name		PCP ID #	
Address		Ste	
Zip		Phone #	
OB Provider		OB Phone #	

PERINATAL INFORMATION

LMP		Date last Pap test	
EDC		Date Chlamydia screen	

RISK FACTORS / COMMENTS

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Midwest Health Plan thanks you for notifying us of members who are pregnant.