

Notification of Pregnancy Form

Please return completed document and supporting clinical information (e.g., labs, imaging, health risk assessment, etc.) via fax at **877-473-0068** or via email at **OKMCDMaternity@humana.com**. Timely pregnancy notification helps maximize the program benefit opportunities for our pregnant members. The program provides telephonic education and support to members from the onset of pregnancy through the first several weeks after birth, regardless of gestational age or risk status. We may provide additional support to members who have complications or request further follow-up.

Member Services: **855-223-9868 (TTY: 711)**, Monday – Friday, 8 a.m. – 5 p.m., Central time.

Patient information

Humana member ID _____
Last name _____ First name _____
Date of birth _____ Phone _____
Email address (if applicable) _____
Address _____ City _____ State _____ ZIP code _____

Obstetrician information

Last name _____ First name _____
Phone _____ National Provider Identifier (NPI) _____
Tax ID number (TIN) _____

Current pregnancy (Please check all that apply)

Date of first prenatal visit _____ Planned delivery facility name _____
LMP _____ Gravida _____ Para _____ Expected due date _____
Normal pregnancy _____ High risk (please explain) _____
Multiple pregnancies _____ Maternal age ≤ 18 _____ Maternal age ≥ 35 _____
Chronic conditions _____ Heart disease _____ Asthma/COPD _____ Diabetes _____
Preeclampsia/PIH _____ Hyperemesis _____ BMI > 30 _____ Epilepsy _____
Other (please describe) _____

Behavioral health/social history

Depression _____ Eating disorder _____ Anxiety _____
Bipolar disorder _____ Smokes/vapes/chemical inhalation _____ Substance use disorder _____
Other (please describe) _____ Social issues (if any) _____

Obstetrical history (Please check all that apply to prior pregnancies)

Preterm labor/delivery; weeks' gestation at birth _____
Gestational diabetes _____ Placenta previa _____ C-section _____ Preeclampsia/PIH _____
Hyperemesis _____ ≤ 12 months between births _____ Abruptio placenta _____ RH negative _____
Previous uterine surgery (include date and explanation) _____
Other (please describe) _____

Provider signature _____ Date _____

Humana Healthy Horizons® in Oklahoma

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