

OB Enrollment and Authorization Form

Please complete form during first OB visit*

Fax completed form to: 616 942-0024



Date of First Prenatal Visit: _____ Estimated Date of Confinement: _____

Member

Last Name: _____ First Name: _____

Address: _____ Telephone: _____

City, State, Zip _____ DOB: _____

ID #: _____ Group #: _____ Hospital: _____

Primary Care Physician: _____ Admitting Physician: _____

Type of Delivery Expected: Vaginal Primary C-Section Secondary C-Section VBAC

Gravida ____ Term ____ Pre-Term ____ Abortion ____ Living ____

RISK FACTORS / CONCERNS

Obstetrical Risk

- No prenatal care or late to seek care
- 2nd pregnancy within 1 yr.
- History of sexually transmitted infections
- Previous preterm labor, stillbirth, miscarriage, infant death, birth defect (**please circle to indicate diagnosis**)
- Uterine anomalies or shortened cervix
- Hypertension or heart disease
- Premature rupture of membranes
- Diabetes, Gestational or Type 2
- Multiple Gestation
- Antepartum Bleeding
- Hyperemesis Gravidarum
- Advanced Maternal Age
- Chronic Disease _____

Psychosocial Risk

- Under 18 years of age
- Lives in a violent home situation
- Isolation, lack of support
- Poor nutrition (underweight/overweight)
- Substance abuse (alcohol/drugs/tobacco use)
- Depression/Other mental health issues
- Developmentally delayed
- Childhood Protective Services involvement (abuse or neglect)
- Financial need
- Transportation problems
- Language barrier _____
- Ethnicity _____
- Language spoken _____
- Other _____

Additional Information:

Referred to WIC

Referred to MIHP

Have you discussed minimum stay/Priority Health home care benefits? Yes No

Do you consider this pregnancy high risk? Yes No (High risk pregnancies are referred to case management services).

Completed by: _____ Phone: (____) _____ Date: _____

*Please complete form at first OB visit, preferably in the first 12 weeks of pregnancy. Refer to the Provider Manual for additional services requiring Prior Authorization. Completed OB Enrollment and Authorization Forms are loaded into the system for prompt payment. Members will be enrolled in Priority Health's **HealthyEncounters**SM Maternity Care program.