



CONFIRMATION OF PREGNANCY FORM

To qualify for the incentive:

- Complete this form for CalViva Health members only and fax to Health Net within seven days of the visit.
- This form must be signed by a primary care physician (PCP), nurse practitioner (NP), or physician's assistant (PA).
- A timely prenatal visit is in the first trimester of pregnancy or within 42 days of enrollment into the Plan.
- This form must be kept in the patient's medical record.

Fax to Health Net at 877-783-0287												
Member Information												
First name:								Last name:				
Medi-Cal ID # (CIN #):								Date of birth:				
9		,							Phone number:			
Address:								City:	ZIP Code:			
Medical group name (also known PPG):												
Member primary spoken language:												
□ English □ Spanish □ Vietnamese □ Mandarin □ Farsi □ Korean □ Arabic □ Other Pregnancy Information - Required												
Date of visit with provider:												
Pregnancy diagnosis confirmed: Yes LMP: or EDD:								Is this a high-risk pregnancy?				
Rendering Practitioner Information												
Practitioner name:								Clinic name:				
Practitioner NPI: PCP NP PA								Clinic address:				
Office contact name:							<u>, </u>	City:	County:			
Office phone number:								ZIP Code:				
☐ I confirm that this document is also filed in the member's legal health/outpatient record.												
Practitioner signature:								Date signed:				

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