

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 CalViva Health.
- 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? ☐ Yes ☐ No

Rendering Practitioner Information

Practitioner name:					Clinic name:				
Practitioner NPI:					Clinic address:				
Office contact name:					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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