



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: PCP	Clinic address:	
□ NP □ PA		
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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