

## CONFIRMATION OF PREGNANCY FORM

To qualify for the incentive:

- Complete this form for Community Health Plan of Imperial Valley 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

<b>First name:</b>					<b>Last name:</b>				
<b>Medi-Cal ID # (CIN #):</b>					<b>Date of birth:</b>				
9								<b>Phone number:</b>	
<b>Address:</b>					<b>City:</b>			<b>ZIP Code:</b>	
<b>Medical group name (also known PPG):</b>									
<b>Member primary spoken language:</b>									
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Mandarin <input type="checkbox"/> Farsi <input type="checkbox"/> Korean <input type="checkbox"/> Arabic <input type="checkbox"/> Other _____									

### Pregnancy Information - Required

<b>Date of visit with provider:</b> _____	
<b>Pregnancy diagnosis confirmed:</b> <input type="checkbox"/> Yes  <b>LMP:</b> _____ <b>or EDD:</b> _____	<b>Is this a high-risk pregnancy?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

### Rendering Practitioner Information

<b>Practitioner name:</b>					<b>Clinic name:</b>														
<b>Practitioner NPI:</b>					<b>Clinic address:</b>														
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>											<input type="checkbox"/> PCP <input type="checkbox"/> NP <input type="checkbox"/> PA								
<b>Office contact name:</b>					<b>City:</b>			<b>County:</b>											
<b>Office phone number:</b>					<b>ZIP Code:</b>														
<input type="checkbox"/> <b>I confirm that this document is also filed in the member's legal health/outpatient record.</b>																			
<b>Practitioner signature:</b>					<b>Date signed:</b>														

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV patients. \*Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.  
 CONFIDENTIALITY NOTE FOR FAX TRANSMISSION: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please notify the sender immediately by phone or by return fax and destroy this transmission, along with any attachments. If you no longer wish to receive fax notices from Provider Communications, please email us at provider.communications@healthnet.com indicating the fax number(s) covered by your request. We will comply with your request within 30 days or less.