



Health Plan

High Risk Pregnancy Notification

Complete this form, print and fax to 682-885-8402 at the time of pregnancy diagnosis.

Use the CCHP Service Authorization Request Form for authorization if your pregnant patient requires a hospital or observation stay without delivery, or an out of network referral.

Baby Steps Program 888-243-3312; Fax 682-885-8402

Provider Information

OB Name: _____

OB Phone: _____ OB Fax: _____

OB Office Contact: _____ Perinatologist Office Contact: _____

Perinatologist: _____ Perinatologist Phone/Fax: _____

Expected Delivery Facility: _____

Member Information

Member Name: _____ DOB: _____

ID: _____ Member Phone: _____

EDC (Due Date) _____ LMP: _____ G: _____ P: _____

Other Health Insurance?: Yes No If yes, Insurance Name: _____

Risk Factors/Problems: _____

Medications: NONE Yes (If Yes, list): _____