



Initial Prenatal Visit Form

Fax to 832-825-8779

Instructions:

- Submit 1 form per pregnancy.
- Submit the form within 14 days of the visit.
- Fax completed form or first record submission to 832-825-8779.

The Initial Prenatal Visit Form should be submitted after the member's initial prenatal visit. The form will facilitate enrollment of pregnant members into the Texas Children's Health Plan Maternal Child Program and identify high-risk members for case management. Complete the form in its entirety for it to be accepted. Once you notify us, you will receive a flat rate of \$40 per initial visit submission with all required elements. TCHP mails payments quarterly. Members must have current TCHP eligibility at the time of payment. Call Provider Relations at 832-828-1008 or toll free at 1-800-731-8527 if you have any questions.

Please note, completion of this form is for informational purposes only and is not an authorization of services. For authorization, contact Utilization Management at 832-828-1004, Option 5 or toll free at 1-877-213-5508.

Physician information

Submitting physician's NPI: _____ Physician tax ID: _____

Physician/nurse practitioner name: _____

Member information

Member's ID number: _____

Member's name: _____ Member's birthday (mm/dd/yyyy): _____

Member's height (inches): _____ Member's weight (pounds): _____

Gravidity: _____ Parity: _____

Parity term (how many babies carried to term): _____

Parity preterm (how many babies delivered preterm): _____

Parity abortions (how many abortions or miscarriages): _____

Parity living (how many living children): _____

Expected date of delivery (mm/dd/yyyy): _____ or Last menstrual period date (mm/dd/yyyy): _____

Date of last pap smear (mm/dd/yyyy): _____

History of hypertension? Yes No

History of diabetes? Yes No

Weeks gestation on first visit: _____

Date of first prenatal visit to any doctor for this pregnancy (mm/dd/yyyy): _____

Is this a high-risk pregnancy? Yes No

Multiple pregnancy? No Twins Triplets