Bahama Health
FEEL GOOD ABOUT YOUR HEALTHPLAN

A division of Family Guardian Insurance Company Ltd. *Please type or print.*

MATERNITY NOTIFICATION FORM

Patient's Full Name: _____ **Date:** MM DD YY

Date of Birth: MM DD YY **PT's ID #:** _____ **PT's Group #:** _____

Telephone No(s): Home: _____ Work: _____ Cell: _____

Address: _____

PROVIDER INFORMATION

Attending Physician: _____ **Tel. No(s):** _____ **Fax No(s):** _____

Referring Physician: _____ **Tel. No(s):** _____ **Fax No(s):** _____

CLINICAL INFORMATION

History & Date of Onset: _____

Physical Findings: _____

Diagnosis Code: _____ **Last Menstrual Period:** _____

Proposed Procedure: _____ **Procedure/CPT Code:** _____

Estimated Due Date: _____ **Place of Procedure:** _____

Expected Length of Stay: _____

Assistant Surgeon Required: ☐ Yes ☐ No *Maternity benefits R & C applies*

Did conception occur because of IVF: ☐ Yes ☐ No ***IF YES,** please state treatment below.*

Has patient ever been treated for infertility? ☐ Yes ☐ No

Is this patient: ☐ Low Risk ☐ Medium Risk ☐ High Risk **Waiting Period Satisfied:** ☐ Yes ☐ No

Authorized Name: _____ **Signature:** _____

FOR INTERNAL USE

APPROVED MAXIMUM BENEFIT: _____

_____

REFERRAL NO: _____ **DATE OBTAINED:** **REVIEWED BY:** _____

IMPORTANT NOTICE: This process is to verify the benefit structure in effect on the date of receipt of this maternity notification form .It is not a guarantee of in-force coverage benefits for pre-existing conditions or any other conditions not covered under the contract. Reimbursement is subject to member's eligibility and contractual provisions. Please contact our HealthCare Coordinators in New Providence at 396-1303-6 and Family Island toll free #242-300-2458 for any further assistance required from Monday thru Friday between the hours of 9am-5pm. Kindly submit all requests to fax# 396-1363 or Precerts@familyguardian.com. Please submit the initial maternity notification form to be updated at 28 weeks of pregnancy. Member's coverage benefits & eligibility must be verified at the time of each visit.