

# Pregnancy notification form

To electronically notify UnitedHealthcare of a patient's pregnancy, use the Care Conductor and Notification of Pregnancy tool on the UnitedHealthcare Provider Portal. Sign in at [UHCprovider.com](https://UHCprovider.com) > Sign In.

**Please fax the completed form to 877-353-6913**

<b>Member ID #:</b>	<b>Group #:</b>
<b>Patient name:</b>	
<b>Street address:</b>	
<b>City:</b>	<b>State:</b>
<b>Phone:</b>	
<b>Date of birth:</b>	
<b>EDC:</b>	<b>Gestational age:</b>

## Medical and pregnancy history

- This patient has a history of pre-term delivery.
  - To prior authorize 17P or Makena, please call 866-604-3267 or fax 866-950-7757.
- This patient has other pregnancy-related complications. Please list:
- Other pertinent clinical history:
- Other:

<b>Physician:</b>		
<b>Provider group name:</b>		
<b>Street address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		
<b>Physician provider ID/Tax ID number (TIN):</b>		

Members' personal health information is kept private in accordance with their plan's privacy policy. For more information, please contact the number provided.

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