



Healthy First Steps Pregnancy Notification Form

Please complete this form as soon as possible after a UnitedHealthcare Community Plan member's first prenatal office visit and fax it to **877-353-6913**. For more information about this program call Healthy First Steps at **800-599-5985**.

Member ID number: _____

Patient name: _____

Street address: _____

City/state: _____

Phone: _____ Date of birth: _____

Estimated date of confinement: _____ Gestational age: _____

Medical and Pregnancy History

- This woman has a history of pre-term delivery.
- This woman has other pregnancy-related complications. Please list:

Other pertinent clinical history:

Physician: _____

Care provider group name: _____

Street address: _____

City/state/ZIP: _____

Phone: _____

Physician provider ID/tax identification number: _____

Learn More

To request prior authorization for 17P or Makena®, please call **866-604-3267** or go to **UHCprovider.com/paan**. The member's personal health information is kept private in accordance with their plan's privacy policy.

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