



**Anthem HealthKeepers Plus**  
Offered by HealthKeepers, Inc.

**Maternity Notification Form**

Disclaimer: This is not an authorization for hospital admission. We will not process incomplete Anthem HealthKeepers Plus forms. Certification does not guarantee paid benefits. Payment of claims is subject to eligibility, contractual limitations, provisions and exclusions.

**Fax to: 1-800-964-3627**

<b>Member information</b>					
Member name:			Member DOB:		
Member ID:			Medicaid #:		
Address:					
City:		State:		ZIP:	
Home phone:			Cell:		
Emergency contact:					
EDC:	Gravida:	Para:	Term:	Preterm:	AB:
Height:			Weight:		
Current medications:					
Planned delivery site:					
<b>Provider information</b>					
Date of initial office visit:					
Provider name:					
NPI #:			TIN #:		
Name of office/clinic:					
Address:					
City:		State:		ZIP:	
Phone #:			Fax #:		
<b>Please check all that apply:</b>					
<input type="checkbox"/> Current PTL		<input type="checkbox"/> History of PTL		<input type="checkbox"/> Hypertension	
<input type="checkbox"/> History of PIH/pre-eclampsia		<input type="checkbox"/> Multiple gestation		<input type="checkbox"/> History of IUGR	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> History of GDM		<input type="checkbox"/> Gestational diabetes	
Psychosocial risk (specify):					
Current/history of substance use: <input type="checkbox"/> Yes <input type="checkbox"/> No			Specify substance:		
Uterine/cervical abnormalities: <input type="checkbox"/> Yes <input type="checkbox"/> No			Other (specify):		
Form completed by:					
Date:					

If you have any questions about this communication, call Provider Services at **1-800-901-0020** or Anthem CCC Plus Provider Services at **1-855-323-4687**.

<https://mediproviders.anthem.com/va>

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AVAPEC-2514-20 June 2020