Aetna Better Health[®] of Kansas 9401 Indian Creek Parkway, Suite 1300 Overland Park, KS 66210





AETNA BETTER HEALTH®

Prenatal Notification

Notification is requested for all prenatal care and delivery. The Plan has developed a Promise Program for all of our expectant mothers. This program is an added benefit that encourages prenatal care and a healthy lifestyle during the pregnancy. Expectant members are enrolled in this program when the Plan is notified of the pregnancy.

Please complete this form on or after your patient's first visit, or when eligibility is confirmed for Aetna Better Health of Kansas. Simply fax or email the completed form with supporting documents to **1-959-900-6055 or ABHKS_QM_operations@AETNA.com.**

Member Name	Member Number	
Phone Number	Secondary Number	DOB
First prenatal visi t t		
GravidaTerm	PretermAB	Living
Chlamydia Screening Yes	5No	
(If yes please attach results and fax with this form for our HEDIS quality reviews)		
High Risk Factors (mark all that apply)		
Hx of Preterm Labor Hx of Pregnancy Loss Multiple Gestation		
DiabetesHeart DiseaseAsthmaHIV/Autoimmune Disease		
Other (please specify)		
Delivering Provider Name	Phone N	umber
Office Address	Office Fax	Number
City/State/Zip		
For information regarding member benefits please call Provider Experience at:		
1-855-221-5656		

Additional forms can be obtained on the provider website at:

www.aetnabetterhealth.com/kansas