



Independent licensees of the Blue Cross and Blue Shield Association

PREGNANCY NOTIFICATION FORM

Form with fields for insurance type, contact info, member details, and medical history.

CHECK APPLICABLE RISK FACTORS:

- List of risk factors with checkboxes, including age, gestation, medical history, and chronic diseases.

IMPORTANT INFORMATION

This notification of pregnancy does not replace notification required for additional services. You may not refer this patient for additional services or for hospitalization prior to delivery without specific authorization by BlueCross BlueShield of South Carolina or BlueChoice HealthPlan.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_