Sentara® Health Plans

Welcoming Baby℠

OB REGISTRATION FORM

About this Form

The OB Registration Form is an important tool used by our outreach team to identify expectant members and provide basic information about the pregnancy (like how far along the member is, when care started, how many other pregnancies the member has had, etc.). This allows us the opportunity to offer Welcoming Baby℠, our maternal health program, to our expectant members.

Our $25 Incentive

We're offering a **$25** incentive to providers who **complete and return** the form.

When providers fax us the completed OB Registration Form, our team uses the information to outreach and screen our members for our maternal health program. The provider should then submit a claim with the code **G9001**.

The provider will then receive a $25 incentive*.

**Only one incentive will be paid to an OB GROUP per member pregnancy. (For example, if doctors A and B are in the same group and see the same member during her pregnancy, only one incentive will be given.)*

Submitting this Form

Complete this form for all obstetrical patients assigned to Sentara Health Plans. This information is used by the Welcoming Baby care team to educate our members and coordinate care. You can submit the completed form by:

Mail: Sentara Health Plans
Welcoming Baby
PO Box 66189
Virginia Beach, VA 23466

Fax: 1-804-799-5117

If you have questions, please call **1-844-671-2108** (TTY: 711) or email welcomingbaby@sentara.com.

Sentara® Health Plans

Welcoming Baby℠

OB REGISTRATION FORM

Patient Information

Patient name	Age	Date of birth
Patient current address		**Sentara Health Plans Member ID**
Patient phone numbers Home phone Cell phone		**Today's date**

Provider Information

Name of facility	Name of obstetrician	NPI number	Phone number	Fax number

Patient History

Current weight	Pre-pregnancy weight	Height	Last menstrual period	Sonogram performed
Date prenatal care initiated		**Gravida**	**Para**	
		Live births	**Ectopic**	**EDC**

Risk Assessment

☐ Planned C-section
Indication: _____
☐ Smoker
☐ Substance abuse
If yes, list: _____
☐ HIV/AIDS
☐ STD
If yes, list: _____
☐ IUGR
☐ Incompetent cervix
☐ Other: _____

Is this a high-risk pregnancy? ☐ Yes ☐ No
If yes, explain: _____

Additional comments:

_____

_____

Previous Adverse Pregnancy Outcomes

☐ Premature births
☐ Stillbirths
☐ Fetal death
☐ Fetal abnormalities
☐ Fetal complications
☐ Abortion
☐ Other: _____

Current Pregnancy Complications

☐ Maternal bleeding
☐ Preeclampsia
☐ Diabetes
☐ Hypertension
☐ Nutritional deficit
☐ Other: _____