OPTIMA HEALTH

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4417 Corporation Lane
Virginia Beach, VA 23462
1-757-552-7474 | 1-800-229-8822

Commercial Plans: Authorization Request: OB Certification

Please submit via fax to 757-431-7757 or 1-844-668-1550

The below information and pertinent medical notes are required to process your request:

Member Name / Last, First	Member ID / Policy #	Date of Birth / Age	Today's Date

Member Home Phone #: _____ **Alternate Phone #:** _____

Primary Language English? ◯ Yes ◯ No **Language Spoken if Not English:** _____

1st Prenatal Visit: _____ **EDC:** _____ **BMI:** _____

Gestation (Weeks): _____ **Gravida:** _____ **Para :** _____ **TAB:** _____ **Live Births:** _____

Provider Information

Full Name of Requesting Provider: _____

Phone: _____ **Fax:** _____

Optima Provider #: _____ **NPI #:** _____ **Tax ID#:** _____

Person Completing Form: _____

Phone: _____ **Fax:** _____

Past/Current OB Complications/Risk Factors

HIV screening date: _____ **Not Applicable** – **HIV +**

Mark all of the following that apply with **P** or **C**:

P= Past Pregnancy **C= Current Pregnancy**

☐ 17 – P Administration	☐ Abnormal Placenta	☐ Anemia Hb< 10
☐ Asthma	☐ Autoimmune Disease	☐ Bleeding During Pregnancy
☐ Cardiac	☐ Cervical cerclage	☐ Chronic hypertension, pregestational
☐ Clotting disorder	☐ Dental visit >6 months	☐ Disability
☐ Eating disorder	☐ Ectopic pregnancy	☐ Elective Delivery <39 weeks

Authorization status can be checked at optimahealth.com or by calling Provider Relations at 1-800-229-8822.

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- ☐ Fetal Loss
- ☐ Incompetent cervix
- ☐ Multiple gestation
- ☐ Pregnancy induced hypertension

Preterm labor:

- ☐ <32W
- ☐ 32-36W
- ☐ Seizure disorder
- ☐ Thyroid disease
- ☐ Gestational diabetes
- ☐ Infant or Child death
- ☐ Oral problems
- ☐ Premature ROM
- ☐ Previous C Section
- ☐ Previous delivery within 1 year

Sickle cell:

- ☐ Trait
- ☐ Disease
- ☐ Weight challenges
- ☐ Hepatitis
- ☐ Late/missed prenatal care
- ☐ Preeclampsia/Eclampsia
- ☐ Preterm delivery
- ☐ Previous LBW (<2,500 gms)
- ☐ Renal disease
- ☐ STI
- ☐ Substance Use *(alcohol, tobacco, drugs)*

Late Prenatal Care

(First prenatal visit after 1st trimester) Check all that apply

- ☐ Lack of health insurance
- ☐ Knowledge Deficit
- ☐ Childcare issues
- ☐ Unable to find a health provider
- ☐ Unsure of keeping pregnancy to term
- ☐ Financial problems
- ☐ Unable to get an appointment in the first trimester

Other: *(specify)*

_____

_____

_____

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