

Oregon Health Plan Pregnancy Notification

It is important to identify a pregnant OHP/Medicaid client as early in her pregnancy as possible. This ensures that:

- The client and her baby receive extended health care coverage, and
- The provider and referred practitioners are reimbursed for their services.

To report a pregnancy for an OHP /Medicaid patient, please complete the information listed below.

- Complete All Fields - Print Legibly -

This form will not be processed if it is illegible or incomplete.

To be completed by patient:

Patient Name: _____

Medicaid ID Number: _____
(from DMAP Medical ID)

Father of Unborn: _____

Patient Signature: _____

Date: _____

To be completed by the provider:

Estimated Due Date: _____
Month Year

Provider Name: _____

Signature: _____
Provider, office staff or managed care representative

Date: _____

Fax to (503) 373-0868

or mail the form to:

OHP
PO Box 14520
Salem, OR 97309-5044

