



Obstetrical Fax Authorization Request
Medical Management
Fax 1-800-241-5308

Member/Subscriber Information: ID No.: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Patient Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to Member/Subscriber: Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ DOB: \_\_\_\_\_

Separate Insurance:

Is there any other insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of other insurance carrier \_\_\_\_\_

Is the other insurance primary? Yes \_\_\_\_\_ No \_\_\_\_\_

Was there a prenatal visit first trimester?: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of first prenatal visit \_\_\_\_\_

EDC \_\_\_\_\_

Facility for delivery \_\_\_\_\_

Type of delivery anticipated: NVD \_\_\_\_\_ VBAC \_\_\_\_\_ C-Section \_\_\_\_\_

If C-Section, please give reason: \_\_\_\_\_

High-Risk: Yes \_\_\_\_\_ No \_\_\_\_\_

If high-risk, please give reason: \_\_\_\_\_

Is patient considering sterilization (tubal ligation) post delivery: Yes \_\_\_\_\_ No \_\_\_\_\_

Does the patient have diabetes: Yes \_\_\_\_\_ No \_\_\_\_\_

Does an immediate family member have diabetes? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the family member's relationship to the patient?

Mother Father Sister Brother Child

Grandmother Grandfather Maternal Aunt/Uncle Paternal Aunt/Uncle Other

Is the patient expecting a multiple birth? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of obstetrical physician: \_\_\_\_\_ Provider No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_
area code area code

Address: \_\_\_\_\_

PLEASE NOTIFY US IF THE LENGTH OF STAY EXTENDS BEYOND WHAT IS AUTHORIZED BELOW.

FOR EMPIRE USE

Authorization Status:

Approved: Yes \_\_\_\_\_ LOS and/or Number of visits authorized: \_\_\_\_\_

Authorization No.: \_\_\_\_\_ \*Date authorization completed: \_\_\_\_\_

Denied: Yes \_\_\_\_\_ By: \_\_\_\_\_ Phone No.: \_\_\_\_\_
area code

Pended: For each additional medical information \_\_\_\_\_ For medical review \_\_\_\_\_

Comments: \_\_\_\_\_

\* This authorization is based upon medical necessity, subject to the terms and conditions of the member's contract and is NOT a guarantee of payment.