



Maternity Notification Form

This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Florida Healthy Kids (FHK) and the Medicare Advantage program for Simply.

Fax to: 1-800-964-3627

Disclaimer: This is not an authorization for hospital admission. We will not process incomplete forms for Simply. Certification does not guarantee paid benefits. Payment of claims is subject to eligibility, contractual limitations, provisions and exclusions.

Member information					
Member name:			Member DOB:		
Simply member ID:			Medicaid #:		
Address:					
City:		State:		ZIP:	
Home phone:			Cell:		
Emergency contact:					
EDC:	Gravida:	Para:	Term:	Preterm:	AB:
Height:			Weight:		
Current medications:					
Planned delivery site:					
Provider information					
Date of initial office visit:					
Provider name:					
NPI #:			TIN #:		
Name of office/clinic:					
Address:					
City:		State:		ZIP:	
Phone #:			Fax #:		

<https://provider.simplyhealthcareplans.com/florida-provider>

<https://provider.clearhealthalliance.com/florida-provider>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract. Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

Please check all that apply:		
<input type="checkbox"/> Current PTL	<input type="checkbox"/> History of PTL	<input type="checkbox"/> Hypertension
<input type="checkbox"/> History of PIH/pre-eclampsia	<input type="checkbox"/> Multiple gestation	<input type="checkbox"/> History of IUGR
<input type="checkbox"/> Diabetes	<input type="checkbox"/> History of GDM	<input type="checkbox"/> Gestational diabetes
Psychosocial risk (specify):		
Current/history of substance use: <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify substance:	
Uterine/cervical abnormalities: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify):	
Form completed by:		
Date:		