

Obstetrical Authorization/ Assessment Form

The Authorization/Assessment form serves as the notification of a pregnancy by the provider to the health plan. It is **required to receive global authorization** of obstetrical care. The Authorization/Assessment form **does not need to be filled out by a physician.**

The information on the form will assist the provider office and health plan in identifying medical and psychosocial risks and interventions as early as possible. Note: A new OB Authorization/Assessment form **does not need to be completed each time there is new information.**

Instructions

1. Complete **pages one and two** of the assessment form. Ensure that all risk questions are answered affirmatively (yes or no) even if there are no identified risks.
2. Utilize the “Medications”, “Referrals Needed”, and “Other Risks/Complications” free form text boxes to communicate special instructions/information to the health plan.
3. Assist the member to ensure comprehensive completion of the psychosocial assessment (**page two**). The information will allow health plans to assist the member and provider in the identification of appropriate case management services and referrals.
4. Send the Authorization/Assessment form to the health plan immediately following the initial office visit (see Health Plan information below).

Health plan information for submission of forms or questions:

Unison Health Plan®

1 (800) 600-9007 phone

Healthy First Steps
Program

1 (877) 353-6913 fax

1 (800) 599-5985 phone

Chartered Health Plan®

FAX: (202) 408-1031

Phone: (202) 408-4823

Medical Management
Dept., 1025 15th Street
NW
Washington, DC 20005

HSCSN Health Plan®

FAX: (202) 721-7193

Office: (202) 467-2737

(866) WE-R-4-Kiz (937-4549)