



Maternity Notification

QualCare, Inc.
30 Knightsbridge Road
Piscataway, NJ 08854-3754

All Maternity Admissions Require Notification During the First Trimester

Note: Prior Approval is required for more than three (3) ultrasounds.

Date: _____
From: _____ Title: _____
Phone Number: _____ Fax Number: _____
Physician's Name: _____ Tax ID Number: _____

Patient's Name: _____ ID Number: _____ Group: _____
COB: Other Group Insurance: _____
ID Number: _____ Group: _____

Diagnosis Code: _____ Gravida: _____ Para: _____ EDC: _____
Include CPT Code: _____

Anticipated Delivery Type:
 Vaginal C-Section If Cesarean Section: Primary Repeat
Reason for repeat C-Section: _____
Hospital where delivery will take place: _____

Date of First Prenatal Visit: _____ Last Menstrual Period: _____

High Risk Pregnancy? Yes No
If Yes, please specify:
 Infertility Treatment Multiple Pregnancy Fetal Risks
 Advanced Maternal Age Labor & Delivery Complications Hematological Problems
 Previous Preterm Labor
 Life Style (specify): _____
 Medical Complications (list): _____
 Repeat Maternity Ultrasounds - Place of Service _____

PPO Fax Number: 732-562-1023 Phone Number: 800-992-6613
HMO Network Fax Number: 732-562-1023 Phone Number: 800-254-0130