



## Pre-Birth Selection Form

Please complete all fields. Fax completed form to 937-487-0904.

You can also complete this form by calling Member Services at 1-844-607-2829 (TTY: 1-800-743-3333 or 711) or online at <https://secureforms.caresource.com/prebirth/in>.

\_\_\_\_\_  
Today's date

\_\_\_\_\_  
Name of person completing form (please print)

\_\_\_\_\_  
Contact phone number

### Member Information

\_\_\_\_\_  
Member (mother) name

\_\_\_\_\_  
Date of birth (mother)

\_\_\_\_\_  
Member (mother) RID

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Estimated due date

\_\_\_\_\_  
Email address

### Newborn Provider Information

\_\_\_\_\_  
Selected Primary Medical Provider (PMP)

\_\_\_\_\_  
PMP Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ST

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
National Provider Identification (NPI) Number (if known)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

If selected PMP is full, PMP must sign below authorizing addition of newborn.

\_\_\_\_\_  
Provider's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's printed name