

Aetna Better Health of California

Maternity Notification of Pregnancy (NOP)

Please complete this form once you have been told by a doctor that you are pregnant. You may email the completed form to **ABH CA Care Management Department** at **AetnaBetterHealthCACM@AETNA.com** or fax it to **1-860-900-1779**. If you have questions about your benefits or would like to speak to a Care Management Associate, please call **1-855-776-9076** (TTY: 711).

Demographics

Name:	Date of Birth:	
Address (Physical Address: Street, Apt #, State, Zip):		
Home Phone:	Cell Phone:	Email:

Pregnancy Information

Have you seen your OB/GYN? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, the OB/GYN you are seeing is:			
Date you became pregnant OR your last missed period:	Became Pregnant:	Last Missed Period:		
What is your due date?				
How far along are you?				
<input type="checkbox"/> First Trimester (1-12 wks.)	<input type="checkbox"/> Second Trimester (13-26 wks.)	<input type="checkbox"/> Third Trimester (27-40 wks.)	<input type="checkbox"/> I do not know	
Do you need help signing up for WIC? (nutrition program for pregnant, breastfeeding women and families):				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Already signed up	<input type="checkbox"/> No, not interested at this time	<input type="checkbox"/> Would like more information
Do you plan to breastfeed your baby?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you need to learn more about breastfeeding?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Resource Needs

Have transportation issues kept you from medical appointments or getting medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been worried about running out of food before there was money to buy more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the gas, electric or water company threatened to shut off services in your home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need help finding a job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel physically and emotionally safe where you currently live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently experiencing any sad or blue feelings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you see or talk to people you care about and feel close to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel tense, stressed, nervous, anxious, or cannot sleep because you worry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you feel stressed about caring for another family member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered "yes" to any of the resource needs questions above, please call the Aetna Better Health of California at 1-855-776-9076 (TTY: 711) and ask to speak to a care manager. They will be able to help you with find the resources you need in your community.