

OB/GYN DATA SUBMISSION FORM

Member Name	
Member ID Number	

Name of Practitioner Rendering Prenatal Care		Tax ID #	
Name of Practitioner rendering Postnatal Care		Tax ID #	

Documentation of Prenatal/Postnatal Visits Individual Dates of Visits				
Individual Prenatal Dates				
Post Partum Date				

Please check here if Practitioner performed delivery only

Name of Person Completing Form	Contact Number	Date

Fax Form to: 248-331-8038