univera HEALTHCARE an excellus company
205 Park Club Lane
Buffalo, NY 14221

Local focus.
Individual care.℠
UniveraHealthcare.com

Confirmation of Pregnancy

Please complete this form and return it to your patient so that she can submit it with her application for enrollment, or you may fax or email the form on your patient's behalf to:

Fax: 1-800-285-0626

Patient Information

Name: _____

Date of birth:____/____/_____ **Phone number**: (___)_____

Address:_____

_____

Provider Verification

I confirmed the patient's pregnancy on: ___/___/_____.

The anticipated delivery date is: ____/____/_____.

Provider signature: _____ **Title**: _____

Printed name: _____ **Date**: ____/____/_____

Office name: _____

Address: _____

Phone number: (___)_____ **Fax number**: (___)_____