

# Maternity Form



SECTION A

## Membership Information

MOTHER'S FULL NAME

MEMBERSHIP ID

*Congratulations on the future addition to your family!*

Medical needs related to maternity may become eligible as soon as 90 days after your Membership effective date, depending on your membership. You must be married and be a member on a membership that includes maternity prior to the date of conception. We urge you to review your Membership Guidelines for specific information.

Once your baby is born, he or she may be included in your membership by adding him or her as dependent. You may add a dependent to your membership through the Member Portal or by calling Member Services at 1.833.3-ALTRUA(258782).

*Congratulations once again from Altrua HealthShare!*

*We wish the happiest and healthiest pregnancy and are excited to welcome your little one into the world!*



Please submit this form by email, fax, mail or upload using the portal or app

SECTION B

## Pregnancy Information

Once you have had initial licensed healthcare professional's visit and the due date has been determined, please submit the following information:

PHYSICIAN'S NAME

ESTIMATED CONCEPTION DATE

PHYSICIAN'S PHONE

ESTIMATED DUE DATE

SECTION C

## Medical Insurance

DOES THE MOTHER HAVE MEDICAL INSURANCE?

Yes

No

If Yes, please provide the Medical Insurance Information:

CARRIER NAME

EFFECTIVE DATE

SECTION D

## Required Documents

The following must be on file:



**Proof of Marriage**

A copy of a marriage certificate may be uploaded through the Member Portal, or sent to Member Services.



FAX

1-512-382-5520



EMAIL

[memberforms@altruahealthshare.org](mailto:memberforms@altruahealthshare.org)

## Please sign

Signature

Primary Contact Name

Date