

PHYSICIAN'S STATEMENT
FOR
PLANNING FOR HEALTH BABIES (P4HB)
Resource Mother

Member's Name: _____ DOB: _____

Member's Address: _____

Member's Telephone Number: _____

Member ID Number: _____

Member Social Security Number: _____

The **Georgia Planning for Healthy Babies (P4HB)** expands the provision of services, known as Resource Mother service, to women actively receiving Medicaid or PeachCare for Kids™, ages 18-44, who are currently not pregnant and have delivered a very low birth weight baby on or after January 1, 2011.

Resource Mother service is available to women who currently meet all of the following criteria:

1. Is biologically a woman between the ages of 18 – 44 Yes or No

2. Is currently not pregnant but fertile Yes or No

3. Is currently receiving Medicaid or PeachCare for Kids™ Yes or No

4. Has delivered:

A very low birth weight (**VLBW**) less than 1500 grams Yes or No

This form should be completed and signed by the provider after verifying the member has met the conditions 1 -4 listed above.

I certify under penalty of perjury that this member's information is true and that she meets the **P4HB** policy regarding **Resource Mother** to the best of my knowledge.

(Provider's Name)

(Provider or Authorized Designee's Signature)

(Provider's ID number)

(Date)

Please fax to P4HB at 1-888-744-2102
Questions? Please call 1-877-P4H-B101 (744-2101)