



MedStar Health

Notice of Anticipated Delivery

\_\_\_\_\_ MedStar Family Choice      \_\_\_\_\_ Freestate MCO      \_\_\_\_\_ Other

Member ID # \_\_\_\_\_ Member DOB \_\_\_\_\_

Member Name \_\_\_\_\_

Member Phone # \_\_\_\_\_

Primary Care Provider & Phone # \_\_\_\_\_

Obstetrician & Phone # \_\_\_\_\_

MedStar Hospital \_\_\_\_\_

Expected Date of Delivery \_\_\_\_\_

The Maryland Prenatal Risk Assessment Form has been completed and mailed to the State \_\_\_\_\_

Reminder: In order to be in compliance with State mandated Regulations, we MUST complete the Prenatal Risk Assessment for all pregnant Medicaid recipients.

Please attach a copy of the Prenatal Risk Assessment Form and mail or fax this form to:

MedStar OB Case Management  
5233 King Avenue, Suite 400  
Baltimore, MD 21237  
Fax: 410-933-2232

Any Questions, Call 410-933-2200, Option 1