

Confirmation of Pregnancy Form

Dear Pregnant Patient:

We want to help you get medical assistance fast because you are pregnant and every day counts!

To help you, we need proof of your pregnancy.

Please do not leave your doctor's office until you have your doctor or nurse fill out the bottom of this form.

You must also fill out a Medical Assistance Application (Form DHS 1100) and get both forms to your local Med-QUEST office by fax, mail, or drop-off, because we need these forms to determine if you can get free medical care. Your local Med-QUEST office is listed on the back of both forms.

You do not have to complete the "assets" section (page 5, question 6) on the Medical Assistance Application (Form DHS 1100).

Confirmation of Pregnancy by Health Care Provider:

Print Name of Pregnant Woman	Social Security Number	When is the delivery date?	How many babies are expected?

Signature of Health Care Provider

Print Name of Health Care Provider

Date

