

Certification of Pregnancy

Who Should Use This Form?

Use this form for verification of pregnancy as a Qualifying Life Event when you apply for a Special Enrollment Period to enroll in a Qualified Health Plan through Access Health CT. Once the form is completed by your doctor you need to return it to Access Health CT.

Please note: If you are enrolled in HUSKY coverage, you do not need to submit this Form.

Be advised, if you have incurred medical expenses as part of this pregnancy, please be sure to retain all medical bills and paperwork.

To be completed by Healthcare Provider:

I, _____ do hereby certify that I have tested/examined
_____ and have determined that she is pregnant.

Signature of Provider: _____ Date: _____

Physician's NPI: _____

Provider's Scope of Practice (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> General Medicine |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Family Medicine |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Other (Please specify): _____ |

Office Telephone Number: _____

Office Address: _____

Office E-mail Address: _____