FAMIS MOMS
Covering Pregnant Women With Affordable Health Insurance

FAMIS MOMS Pregnancy Verification Form

Forma de verificación de Embarazo

You may use this form or another statement for pregnancy verification signed by your medical provider.

Puedes utilizar esta forma o cualquier otra declaración para verificación de embarazo firmada por tu proveedor médico.

Applicant Name (please print)_____

Family ID# _____

I certify that the above named individual is pregnant and that the following information is accurate:

Estimated Date of Conception (EDC): _____

Expected Delivery Date (EDD): _____

Number of Fetuses: _____

_____ _____
Medical Provider Signature Date

Provider Name (please print) _____

Provider Office Number _____

INSTRUCTIONS:
Please fax this completed form to the FAMIS Central Processing Unit at 888-221-9402
Forms may also be mailed to FAMIS, PO Box 1820, Richmond VA 23218-1820.
If there are any questions regarding completion of this form contact the FAMIS Help Line at 866-873-2647.

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