

Pregnancy Verification Form

Applicant Information:

Name of pregnant woman _____

Date of birth of pregnant woman _____

Street Address of pregnant woman _____

City, State Zip _____

Pregnancy Verification:

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

Estimated Date of Conception (EDC) *if known* _____

Expected Delivery Date (EDD) _____

Number of Fetuses *if known* _____

Printed name of Doctor/Medical Provider _____

Signature of Doctor/Medical Provider _____

Date _____

Phone number of Doctor/Medical Provider (____) _____ - _____

If you are pregnant and uninsured or your health insurance does not cover pregnancy, you may qualify for FAMIS MOMS or Medicaid for Pregnant Women.

Virginia's FAMIS MOMS and Medicaid for Pregnant Women programs provide health care coverage during pregnancy and through the 60 day period following the end of the pregnancy. There is also a special program for women with high risk pregnancies.

Medical confirmation of pregnancy is required for eligibility for Virginia's FAMIS MOMS and Medicaid for Pregnant Women programs. **Please provide this completed and signed form when applying for health care coverage for your pregnancy.**

Here's how to apply or get more information:

- Fill out the online application at www.famis.org, **or**
- Call FAMIS toll-free, 1-866-87FAMIS (1-866-873-2647), **or**
- Contact your local Department of Social Services.