



# FAMILY HEALTH INITIATIVES

## 17P Supplemental Prenatal Home Visiting Request Form

Family Health Initiatives, Prematurity Prevention Initiative grant is funded by the New Jersey Department of Health, Division of Community Health Services, and has established funding for 17P weekly injections as well as funding for nursing visits to give the injections to women who are candidates for 17P but are either waiting for insurance approval or have been denied insurance approval or who have no insurance coverage and does not meet Makena Cares criteria.

If you have patients who need funding for Home Visits, please fill out this form and we can assist with funding. **Please fax to: 855-413-0144.**

For any additional questions about this funding opportunity, please email Sherolde Hackett at [shackett@fhiworks.org](mailto:shackett@fhiworks.org) or contact by phone at (609) 828-9973.

Date \_\_\_\_\_

### Patient Information

Patient First Name \_\_\_\_\_ Patient Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ County of Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Race/Ethnicity (select all that apply): \_\_\_\_ Black \_\_\_\_ White \_\_\_\_ Asian \_\_\_\_ Native American \_\_\_\_ Multi-Racial \_\_\_\_ Hispanic \_\_\_\_ Alaskan/Pacific Islander \_\_\_\_ Other

EDC \_\_\_\_\_ Current Weeks Gestation \_\_\_\_\_ weeks \_\_\_\_\_ days

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### Insurance Info:

Medicaid PE \_\_\_\_ Medicaid FFS \_\_\_\_ Medicaid MCO \_\_\_\_ Medicare \_\_\_\_ NJ Family Care \_\_\_\_ Commercial/Private \_\_\_\_ Uninsured/Self-Pay \_\_\_\_

Medicaid MCO:

None \_\_\_\_ Aetna Better Health \_\_\_\_ Amerigroup \_\_\_\_ Horizon NJ Health \_\_\_\_ United Healthcare \_\_\_\_ Wellcare \_\_\_\_

### Please complete the following:

Reason Assistance Requested \_\_\_\_ Denied Coverage \_\_\_\_ Uninsured

# of prenatal home visits requested \_\_\_\_\_ Fee per visit \_\_\_\_\_ Total Fee Requested \_\_\_\_\_

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**Provider Information:**

Provider Name (Midwife, Nurse Practitioner, OB/GYN, MFM) \_\_\_\_\_

Provider NPI \_\_\_\_\_ Office Address \_\_\_\_\_

Office Phone Number \_\_\_\_\_ Office Fax Number \_\_\_\_\_

Date Home Visit Request Received by Kabafusion: \_\_\_\_\_ KabaFusion Tech Name: \_\_\_\_\_

To be completed by FHI Project Director Only(email to shackett@fhiworks.org)

# of home visits approved by FHI \_\_\_\_\_ Date approved by FHI \_\_\_\_\_ Denied by FHI \_\_\_\_\_

Reason denied

\_\_\_ Patient enrolled MMCO coverage

\_\_\_ Other reason \_\_\_\_\_

\_\_\_\_\_