

Culinary Health Fund

Healthy Pregnancy Program Certification

To ensure proper reimbursement, please submit this certificate and patient's antepartum records with your billing to:

UNITE HERE HEALTH
ATTN: Claims Payment
1901 Las Vegas Blvd. South, Suite 107
Las Vegas, NV 89104
702-733-993
Fax: 702-892-7326

NOTE: Antepartum records must be attached.

NAME OF ELIGIBLE EMPLOYEE: _____ SS#: _____

NAME OF MOTHER (if different): _____ SS#: _____

ADDRESS (Street, City, State, Zip): _____

DATE OF DELIVERY: _____

I certify that this patient: ☐ Did ☐ Did Not Complete all recommended ante partum care during her pregnancy.

MD NAME: _____ T.I.N.: _____

SIGNATURE: _____ DATE: _____