## Culinary Workers Health Fund Healthy Pregnancy Program Certification

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

HEREIU Welfare Fund ATTN: Claims Payment 1901 Las Vegas Blvd, South Suite 107 Las Vegas, NV 89104 733-9938

NOTE: Antepartum records must be attached.

NAME OF ELIGIBLE EMPLOYEE:		SS #:		
NAME OF MOTHER (if different):		SS #:		
ADDRESS (Street, City, State, Zip): _		<del></del>		
DATE OF DELIVERY				
I certify that this patient: + Did	+ Did Not	Complete all recommended antepartum care during her pregnancy.		
MD NAME	T,I.N	T.I.N		
SIGNATURE	DATE			

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