



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**



Planning for
Healthy Babies®

426 West 12th Street
Alma, GA 31510
1-877-427-3224
Fax 912-632-0389

Nathan Deal, Governor

Frank W. Berry, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

**PHYSICIAN'S STATEMENT FOR
P4HB INTER-PREGNANCY CARE (IPC) or RESOURCE MOTHER (RM)**

Account Number: _____

Name: _____ **DOB:** _____

Address: _____

Telephone Number: _____

Medicaid ID Number: _____ **Case Number:** _____

The IPC and RM components of the **Planning for Healthy Babies Program** provide extra benefits to eligible women, ages 18 through 44, who have family income at or below 211% of the Federal Poverty Level (FPL) and have recently delivered a very low birth weight baby.

Please confirm that your patient meets the following criteria:

1. Is biologically a woman between the ages of 18 through 44 Yes or No
2. Is not pregnant but are able to become pregnant Yes or No
3. Has delivered:
A very low birth weight (VLBW) baby with a weight less than 1,500 grams Yes or No

Please sign this form after verifying the member has met conditions 1 – 3.

 To the best of my knowledge, I certify under penalty of perjury that this information is true and meets the **P4HB** policy requirements regarding **IPC or RM**.

Provider's Name (print)

**Provider's/Authorized Designee's
Signature**

Provider's ID Number

Date



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Please fax to P4HB at 912-632-0389

Please call for questions at 1-877-427-3224