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Fax: 313-202-0006
Provider Services: 888-773-2647
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Date: _____

To: IN & OUT OF NETWORK PROVIDERS
From: Women and Children's Services
Re: Global Authorizations

Routine services related to maternity care are included in a global authorization. Specialty services require notification.

Health Plan of Michigan is required by the state to report data obtained by your office under the global authorization. You may phone or fax in the requested information. If you have any questions or concerns, please contact Women and Children's Services by phone or fax at the numbers below. Your cooperation is extremely appreciated.

Patients Name: _____ Date of Birth: _____

Medicaid ID#: _____

OB Specialist Name: _____ Phone: _____

1. EDC or EDD: _____
2. LMP: _____
3. Date of first visit with your office for prenatal care: _____
4. Is the patients care high risk or routine?: _____
5. High risk factors: _____
6. Date of Ultrasound(s): _____

Thank you, again!

Women and Children's Services
(313) 324-3700 X2007
Fax: (313) 463-5262