

**STATE OF OKLAHOMA
Oklahoma Health Care Authority**

Confirmation of Pregnancy Form

Instructions for form: For women ages 21 and over whose SoonerCare coverage is not based on pregnancy, Please complete this form and **fax it to (405) 530-7247.**

Today's Date

Name of SoonerCare member as it appears on the Medical ID card

SoonerCare RID number as appears on Medical ID card

Name of Physician, Clinic or Provider

(____)____-_____
Physician, Clinic or Provider's phone number

I certify that the above named SoonerCare member is pregnant with a diagnosis confirmation date of _____ and an expected due date of _____.

Signature of Physician, Clinic, Provider, or their representative

Please fax this completed form to (405) 530-7247