

**Please select which statement pertains to the patient
in your care regarding how their current pregnancy
was achieved.**

Member Name: _____

Member Date of Birth: _____

Estimated Due Date: _____

___ Pregnancy was achieved naturally and NO artificial fertility assistance was used.

___ Pregnancy was achieved using artificial fertility assistance, such as Intrauterine Insemination or In Vitro Fertilization.

Practitioner's Name: _____

Practitioner's Signature: _____ (required)

Date: _____