



64807

Perinatal Risk Assessment (PRA)

Practice Site Enrollment Form

- Please complete and fax this form to 856 662-4321
- A separate enrollment form must be completed for each practice site
- If obstetric services are not provided at this site, Please complete the first section and fax to 856 662-4321

PLEASE PRINT CLEARLY

Obstetric Services are provided at this practice? Yes No

If Yes, average # of new Obstetric patients enrolled at this site each month _____

Practice Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Primary Fax # (used on all PRA forms for this practice as provider identification)

Phone #

() - () -

NPI#

Physician Names:

Medicaid MCO Plans Accepted: *select all that apply*

UnitedHealthcare AmeriGroup Health First Horizon NJ Health

This practice site is interested in on-line submission of PRA data: ___ Yes ___ No **Email address required**

This practice site is currently capable of on-line submission of PRA data: ___ Yes ___ No **for online submission**

Primary PRA Contact at this site

- Coordinates PRA process at practice sites
- Receives communication from and provides feedback to FHI about PRA submission process

F Name _____ L Name _____ Verifier User

Phone _____ - _____ - _____ Best Time to Contact Morning Afternoon After 5 Specific Time []:[]: [] am [] pm

E-mail _____

*PRA Form Verification Contact

- Retrieves PRA Summaries and Follow-up Forms daily via the web *(Will receive secure personal username and password to retrieve PRA follow-up forms upon enrollment)*
- Verifies that information on PRA follow-up form is correct
- Must provide valid email address

*PRA User Contact (Screener)

- Completes PRA Forms
- Will be contacted by FHI when PRA form information is illegible or incomplete

*** Please select all box(es) that apply to the descriptions above for each contact***

FName _____ LName _____

E-mail _____

Phone _____ - _____ - _____ Verifier User

FName _____ LName _____

E-mail _____

Phone _____ - _____ - _____ Verifier User

FName _____ LName _____

E-mail _____

Phone _____ - _____ - _____ Verifier User

FName _____ LName _____

E-mail _____

Phone _____ - _____ - _____ Verifier User