Florida Blue
In the pursuit of health®

Healthy Addition Prenatal Program
High-Risk Member Log

If you have a high-risk or potential for high-risk pregnant patient, please complete the information below and fax it each week to **(305) 437-7418**. Thank you.

Date: _____ Physician Name: _____

Member Name	Member Telephone #	Contract #	Member DOB	Est. Due Date	Education to be Reinforced