



Notification of Pregnancy

Please make sure this form is complete, including the expected number of children, expected due date, and member signature.

STEP 1

Tell us about yourself. Please print.

First name	Middle initial	Last name
Date of birth	Ref ID (optional)	
Social Security number	MassHealth ID (optional)	
Mailing address		

STEP 2

Read and sign this form.

Has the pregnancy ended in the last three months? Yes No

If yes, when?

If no, how many children are you currently expecting?

What is your expected due date?

Do you have any medical bills from the last three months? Yes No

If so, MassHealth may be able to help you cover some of those bills.

To report a newborn, please call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

By signing below, I swear under the pains and penalties of perjury that everything on this form is true and complete to the best of my knowledge. **I understand that the head of my household (if that is not me), and any designated authorized representative/s, will have access to the information provided on this form.**

I know that if I provide incorrect information on this form, my health coverage might end.

Applicant, member, or authorized representative signature	Date
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STEP 3

Return this signed form in one of these three ways.

- FAX:** (857) 323-8300
- Mail:** Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780
- In person:**

MassHealth Enrollment Centers

529 Main Street
Charlestown, MA 02129

243 Cottage Street
Springfield, MA 01104

367 East Street
Tewksbury, MA 01876

45 Spruce Street
Chelsea, MA 02150

21 Spring Street, Suite 4
Taunton, MA 02780

50 SW Cutoff, Suite 1A
Worcester, MA 01604

100 Hancock Street, 1st Floor
Quincy, MA 02171

Questions?

Call the **Health Connector** at (877) 623-6765, or **MassHealth** at (800) 841-2900.

TDD/TTY: 711