This Attestation Form must be submitted by the Member to you prior to services being rendered. Please note that this form becomes part of the Member's permanent record.

DMA 635 Form—Attestation of Pregnancy

Dear OBGYN, Primary Care Physician, or Public Health Department,

The **Attestation of Pregnancy** form serves to validate current pregnancy for the purpose of determining whether the member is eligible to obtain certain Medicaid dental service benefits. The member is directed to present completed and signed Attestation of Pregnancy statement to her dentist prior to seeking dental services.

Attestation of Pregnancy

_____ Is currently pregnant and under my care for related services.
Patient Name (please print)

The patient's estimated date of delivery is _____

Please advise of any medical limitations/or restrictions prohibiting the provision of dental care

☐ None

☐ Specify limitations/restrictions (if applicable): _____

_____

_____

_____

I affirm the above information is factual to the best of my knowledge and under penalty of perjury.

_____ _____
Provider Name (please print) Provider Signature

Signed this _____ day of _____ _____
Date Month Year

DMA 635 Form 07/01/2006