

## Maternity Questionnaire

**FOR MATERNITY: Although maternity services do not require a pre-authorization, the related inpatient hospital stay does require pre-authorization. Contact GBG Assist ([gbgassist@gbg.com](mailto:gbgassist@gbg.com)) for assistance with authorizing your delivery and inpatient stay.**

**Please send completed questionnaire to Global Benefits Group:**

- **Online request:** [www.gbg.com](http://www.gbg.com)
- **Submit:** [customerservice@gbg.com](mailto:customerservice@gbg.com)
- **Fax:** +1.949.271.2330

| A. PATIENT INFORMATION  |  |
|---|--|
| Name (Last, First, MI):   |  |
| Policy #:   | GBG ID #:                                    |
| Employer:   |  |
| Date of Birth:<br>(DD/MMM/YYYY, i.e., 23/NOV/1988)  |  |
| Address:  |  |
| Postal Code:  | Country:                                     |
| Phone:  | Fax:   |
| Email:  |  |
| B. MATERNITY INFORMATION  |  |
| Anticipated type of delivery: <input type="checkbox"/> Vaginal <input type="checkbox"/> Cesarean Section  |  |
| Expected Delivery Date (DD/MMM/YYYY):   | Date of Last Menstrual Period (DD/MMM/YYYY): |
| History of Fertility/Infertility Treatments (include all medications, surgical procedures, etc. for the past 3 years):  |  |
| Is this pregnancy the result of receiving or taking any drugs or procedures to enhance fertility, stimulate hormones, stimulate ovulation, or stimulate egg production; or correct menstrual irregularities? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Is this pregnancy the result of receiving any procedures or exams to monitor egg production or growth, to harvest ovum/eggs, and/or implantation of any human tissue or cells? <input type="checkbox"/> Yes <input type="checkbox"/> No                               |  |
| Anticipated Amniocentesis or other testing to be performed (If tests are performed, results should be sent to International Claims Services):   |  |

| C. DOCTOR/FACILITY INFORMATION  |          |
|---|----------|
| Doctor/Facility/Provider Name:  |          |
| Address:  |          |
| Postal Code:  | Country: |
| Phone:  | Email:   |
| D. AUTHORIZATION  |          |
| Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties. |          |
| Name:   | Date:    |
| Signature:<br>By typing my name on this form, I am signing electronically and this electronic signature is the legal equivalent of my manual, handwritten signature.  |          |

**Fair Processing Notice**

The GBG Group includes insurance companies, brokering and management companies, as well as assistance and operations companies. We respect your privacy and we are all committed to protecting your personal information.

Our privacy policy tells you about your privacy rights and how the law protects you. This includes information on how we collect and then process your personal information. Our privacy policy is located on our website at <https://www.gbg.com/#/AboutGBG/PrivacyPolicy> and we would advise you to read the policy so you understand your rights and your personal data use by the GBG Group.