

# Maternal Fetal Care Center Requirements for Referral

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## Necessary

- Patient Name, Demographics, and Contact Information
- Insurance Plan and Member ID
- Referring Diagnosis
- Estimated Due Date
- Referring Provider & Practice Location
- Imaging Requested by Referring Provider

## Ideal

- All Ultrasound Reports
- Obstetrician Records or Name of Obstetrician
- Maternal Test Results or Screenings
- Primary Care Provider Name and Information