Magnolia Health Adult Postpartum Attestation

This form serves to **validate postpartum status** for Medicaid members age 21 and up so they may obtain additional dental benefits. The member's medical provider should fill out this form and the member should take the completed form to their dentist. Dentists should attach this form to claims for dental services submitted to Centene Dental. Claims submitted without this form will deny the additional services as not covered.

Medical Attestation of Postpartum Status

_____ Is currently postpartum and under my care for related services.

Patient Name (please print)

The patient's pregnancy ended on _____

*Verified postpartum adults are eligible for additional dental benefits for 12 months following end of pregnancy.

Please advise of any medical limitations/or restrictions prohibiting 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*