

Texas Perinatal Group



Take great care of the patient®

Centralized Appointment Fax: 210.614.5714

To speak with a Scheduler:

San Antonio: 210.614.2209

New Braunfels: 830.312.4509

www.texasperinatal-sa.com

Melissa Aerts, MD

Javier Castillo, MD

Lissa Magloire, MD

Deirdre McCullough, MD

Theresa Stewart, MD

Practice Manager ▪ 210.617.6341

PLEASE NOTE: As plan participation may change, please contact our local office or visit our website for the most current, updated plan participation list.

Insurance Plan Participation

AETNA

AETNA EPO
AETNA HMO
AETNA INDEMNITY
AETNA MEDICAID
AETNA POS
AETNA PPO

AMERIGROUP

AMERIGROUP MEDICAID CHIP
AMERIGROUP MEDICAID CHIP PERINATE
AMERIGROUP MEDICAID HMO
AMERIGROUP MEDICAID STAR

BCBS

BCBS OF TEXAS EPO
BCBS OF TEXAS INDEMNITY
BCBS OF TEXAS POS
BCBS OF TEXAS PPO
HEALTH SELECT POS
HEALTH SELECT PPO

CHOICE CARE NETWORK

CHOICE CARE EPO
CHOICE CARE PPO
NATIONAL POS OPEN ACCESS

CIGNA

CIGNA HEALTHCARE EPO
CIGNA HEALTHCARE HMO
CIGNA HEALTHCARE INDEMNITY
CIGNA HEALTHCARE OPEN ACCESS
CIGNA HEALTHCARE OPEN ACCESS PLUS
CIGNA HEALTHCARE POS
CIGNA HEALTHCARE PPO

COMMUNITY FIRST HEALTH PLANS

COMMUNITY FIRST HEALTH PLANS CHIPS
COMMUNITY FIRST HEALTH PLANS HMO
COMMUNITY FIRST HEALTH PLANS MEDICAID STAR

EVOLUTIONS HEALTHCARE SYSTEMS PPO

FEDMED PPO

FIRST CARE

FIRST HEALTH COVENTRY NATIONAL

COMMUNITY CARE NETWORK EPO
COMMUNITY CARE NETWORK POS
COMMUNITY CARE NETWORK PPO
COVENTRY HEALTH CARE NATIONAL NETWORK
FIRST HEALTH NETWORK

GALAXY HEALTH NETWORK PPO

GREAT WEST HEALTHCARE OF TEXAS

GREAT WEST HEALTHCARE EPO
GREAT WEST HEALTHCARE HMO
GREAT WEST HEALTHCARE OPEN ACCESS
GREAT WEST HEALTHCARE POS
GREAT WEST HEALTHCARE PPO

HEALTH MANAGEMENT NETWORK PPO

HEALTHSMART

HEALTHSMART EPO
HEALTHSMART POS
HEALTHSMART PREFERRED PPO

HMO BLUE TEXAS

HUMANA HEALTH PLANS

HUMANA EPO
HUMANA HMO
NATIONAL EPO
NATIONAL HMO
HUMANA INDEMNITY
HUMANA POS / HUMANA PPO

HUMANA MILITARY HEALTHCARE

TRICARE EXTRA/STANDARD/PRIME

INDEPENDENT MEDICAL PPO

LUMENOS PPO

MEDICARE PART B - TRADITIONAL ONLY

MOLINA

MULTIPLAN

MULTIPLAN PPO
VALUEPOINT BY MULTIPLAN

NATIONAL CARE NETWORK

NATIONAL PREFERRED PPO

PPO NEXT

BEECH STREET PPO
HEALTHSTAR PPO
PREFERRED HEALTH PPO

PRIVATE HEALTHCARE

AMERICAN LIFECARE PPO
PHCS PPO

SUPERIOR HEALTH PLAN

SUPERIOR HEALTH CHIP PERINATE
SUPERIOR HEALTH PLAN FOSTER
SUPERIOR HEALTH PLAN KIDS
SUPERIOR MEDICAID HMO
SUPERIOR HEALTH PLAN STAR

TEXAS MEDICAID

TEXAS TRUE CHOICE

CHILDRENS HEALTH (CHIP)
TEXAS TRUE CHOICE HMO
TEXAS TRUE CHOICE FOSTER
TEXAS TRUE CHOICE PPO

THREE RIVERS NETWORK

UNITED HEALTHCARE OF TEXAS

PACIFICARE SIGNATURE PPO
PACIFICARE SIGNATURE HMO
UNITED HEALTHCARE EPO
UNITED HEALTHCARE HMO
UNITED HEALTHCARE INDEMNITY
UNITED HEALTHCARE POS
UNITED HEALTHCARE PPO

Fax to 210.614.5714 and give to patient.

Medical Center
Westover Hills
New Braunfels
SW General
First Available



Melissa Aerts, MD
NPI: 1790747533
Javier Castillo, MD
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Fax: 830.620.8468

Southwest General
7390 Barlite Blvd., Suite 215
San Antonio, TX 78224
Voice: 210.332.1450
Fax: 210.332.1460

**PLEASE FAX ALL ULTRASOUND
REPORTS, PRENATAL LABS
AND MATERNAL SCREENING
WITH THIS REQUEST**

PATIENT NAME: _____
Indicate if patient speaks SPANISH only? Yes No

ADDRESS: _____ CITY: _____ ZIP CODE: _____

SSN: _____ DOB: _____ PATIENT HM# () _____ MOBILE# () _____

EMAIL: _____ REMINDER PREFERENCE: HOME PHONE _____ MOBILE _____ EMAIL _____

MEDICAID PLAN NAME: _____ MEDICAID ID: _____

PRIMARY INSURANCE: _____ POLICY#: _____ GROUP: _____

POLICY HOLDER NAME: _____ DOB: _____ SSN: _____

REFERRING OB: _____ OFFICE #: _____ FAX #: _____

REFERRING OB NPI #: _____ CONTACT PERSON AT YOUR OFFICE: _____

******REQUIRED****** **ONE TIME VISIT FOR CONSULTATION & MANAGEMENT PLAN**
 LEVEL OF PARTICIPATION **CONSULTATION WITH SUBSEQUENT OUTPATIENT VISITS (CO-MANAGEMENT)**

First Trimester Screening – Includes pre-test counseling, NT assessment and blood work. If abnormal, genetic counseling, detailed ultrasound and amniocentesis will be offered. If screening is normal, do you want patient to return for Detailed Ultrasound at 18 weeks? Yes No

First Trimester Ultrasound – Consultation and management plan provided if indicated based upon ultrasound findings.
 Bleeding
 Size/Dates Discrepancy
 Suspected Ectopic
 Other _____

2nd/3rd Trimester Ultrasound – Consultation and management plan provided if indicated based upon ultrasound findings.
 Screen for Malformations
 Size/Dates Discrepancy
 Bleeding
 Fibroids
 Multiple Gestation
 Known/Suspected Fetal Abnormality
 Known/Suspected Placental Abnormality
 Known/Suspected AFV Abnormality
 Known/Suspected Cervical Abnormality
 Other _____

Fetal ECHO
 Known/Suspected Fetal Arrhythmia
 Family History _____
 Other _____

Blood Type: _____ Antibody Screen: _____
LMP: _____ EDC: _____

Genetic Counseling – followed by first trimester screening or detailed ultrasound depending on gestational age.

- NO Aneuploidy screening drawn
- NIPT QUAD First Trimester Screen drawn
 - Normal Abnormal **Please fax ALL results with Referral**
- Family History _____
- Teratogen Exposure _____
- Repetitive Pregnancy Loss
- Other _____
- Preconception Counseling _____
no ultrasound provided

Periconcult – includes detailed patient history, physical exam, detailed ultrasound and management plan.

- Diabetes Pre-gestational
- GDM (fax GTT results)
- Hypertension Chronic/Gestational
- Multiple Gestation
- Thyroid Dysfunction
- Isoimmunization
- Hx of IUFD/Stillbirth
- Hx of Repetitive Pregnancy Loss
- Anticardiolipin Antibody/Lupus Anticoagulant Positive
- Seizure Disorder
- Maternal Medical Complication of Pregnancy
- Other _____

YOUR PATIENT HAS BEEN SCHEDULED FOR:
 PLEASE NOTIFY YOUR PATIENT OF THIS APPT.
 OUR OFFICE HAS NOTIFIED PATIENT OF APPT.

