

**FORWARDHEALTH**  
**ATTESTATION TO ADMINISTER ALPHA HYDROXYPROGESTERONE CAPROATE (17P)**  
**COMPOUND INJECTIONS**

**Instructions:** Type or print clearly. Before completing this form, read the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections Completion Instructions, F-00286A. Providers may refer to the Forms page of the ForwardHealth Portal at [www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage](http://www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage) for the completion instructions.

Completion of the Attestation to Administer Alpha Hydroxyprogesterone Caproate (17P) Compound Injections is required. A copy of the completed form must be kept in the member's medical record. Providers may call Provider Services at (800) 947-9627 with questions.

A 17P compound injection is a provider-administered drug and must be administered by a medical professional. Members may not self-administer a 17P compound injection.

1. Name — Member (Last, First, Middle Initial)	2. Member Identification Number
3. Name — Prescriber	4. National Provider Identifier (NPI) — Prescriber

5. Diagnosis Code and Description

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6. Prescriber Attestation Documentation

By my signature below, I hereby attest that:

- The member is pregnant with a singleton pregnancy.
- The member has had a previous pre-term delivery (i.e., a spontaneous birth before 37 weeks gestation).
- The 17P compound injection treatment is being initiated between weeks 16 to week 20 of gestation and will continue through 37 weeks gestation or delivery, whichever is first.
- The member has a diagnosis of V23.41 (Pregnancy with history of preterm labor).

7. <b>SIGNATURE</b> — Prescriber	8. Date Signed
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