Prenatal Visit Form

WellSense HEALTH PLAN

Congratulations on your pregnancy! This is an exciting time, and we want to help you get the care you need to support a healthy pregnancy. Please fill out this form and have your provider sign off on each of your visits. Return to the address below to receive $10 a visit (up to $100) on your OTC card.

All visits must take place during the current or previous year and be over a 9-month period. The OTC card is for all members of your household and will be mailed to the member listed as the head of household or your parent/guardian. Members can earn a maximum of $250 in cash and non-cash goods and services each State fiscal year, which runs from July 1 to June 30.

Member Information (Please print information clearly)

Your WellSense member ID number

Last name	First name	Middle initial

Address	City	State	Zip code

Phone number	Email address	Best way to reach you – phone or email?

Provider information (Please print information clearly)

Provider office name	Office phone number

Office address	City	State	Zip code

Prenatal visits (Please print information clearly and have your provider sign for each visit)

Visit date	Provider signature
Visit date	Provider signature

19-0018
Updated on 3/27/2025

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Please mail this form to:

WellSense Health Plan
Attn: Member Incentives
100 City Square, Suite 200
Charlestown, MA 02129

OR email to NHHealthyRewards@wellsense.org