

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

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**Please mail this form to:**

WellSense Health Plan  
Attn: Member Incentives  
1155 Elm Street, 5th Floor  
Manchester, NH 03101

OR email to [NHHealthyRewards@wellsense.org](mailto:NHHealthyRewards@wellsense.org)