

Pregnancy notification form



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 the top part of this form and have your doctor complete and sign the bottom. **Return to the address below within 30 days of your first doctor visit** to receive your \$100 OTC card.

This is for members who **are not currently enrolled** in the Sunny Start Care Management program. 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.

Member information (Please print information clearly)

Your WellSense member ID number

Last name		First name		Middle initial
Address	City	State	Zip code	
Home phone		Cell phone		
Email address	Best way to reach you (phone or email?)			

Pregnant WellSense Health Plan members can enroll in Sunny Start, our program to help moms and babies get the care they need during and after pregnancy. The kinds of help we offer include:

- Convertible car seat for your baby
- Access to a registered nurse
- Coordinating care during and after pregnancy
- Supporting you to have a healthy pregnancy
- Free case of diapers for attending postpartum appointment between 3-8 weeks post delivery
- Help getting to and from your appointments

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- Help learning about how to prevent early labor and delivery
- Help learning about postpartum and newborn care
- Reminder calls and help after you have your baby
- Help obtaining an electric breast pump
- Assistance finding/accessing reimbursement for local Childbirth training
- Help with applying for WIC and food assistance
- Help to stop smoking (if you smoke)
- Help with drug and alcohol treatment and behavioral health counseling if you need it
- Help finding community resources like housing, legal help, and clothing

I want to enroll in Sunny Start! Dial 855-833-8119 to enroll or check this box and we will give you a call.

Provider information (to be completed by provider)			
Estimated due date	Start date of care	Diagnosis code	
Office name		Fax number	
Office address	City	State	Zip code
MD signature		NPI number	

Please mail this form to:

WellSense Health Plan
Pregnancy Notification
529 Main Street, 5th Floor
Charlestown, MA 02129

There is no fee to participate in this program. It is offered to all WellSense Health Plan members. Your participation in this program is optional. Your enrollment, eligibility, coverage, or benefits with WellSense Health Plan, will not be affected if you choose not to participate.