

wellsense.org | 877-957-1300

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 *Healthy Rewards* card.

All visits must take place during the current or previous year and be over a 9 month period. The Healthy Rewards 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 MEMBER ID NUMBER (WELL SENSE HEALTH PLAN ID CARD)			
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
VISIT DATE	PROVIDER SIGNATURE
VISIT DATE	PROVIDER SIGNATURE
VISIT DATE	PROVIDER SIGNATURE
VISIT DATE	PROVIDER SIGNATURE
VISIT DATE	PROVIDER SIGNATURE
VISIT DATE	PROVIDER SIGNATURE
VISIT DATE	PROVIDER SIGNATURE
VISIT DATE	PROVIDER SIGNATURE

Please mail this form to:
Well Sense Health Plan
Attn: Member Incentives
1155 Elm Street, Suite 600
Manchester, NH 03101

OR Email this form to:
NHHHealthyRewards@bmchp-wellsense.org