



Pregnancy Notification Form

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 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 *Healthy Rewards* card.

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

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?	

I want to opt-in to the health texting program.* Check this box or text WELL to 85886.
Cell phone number if not listed above _____

Well Sense Health Plan pregnant 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
- 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
- Free case of diapers for attending postpartum appointment between 3-8 weeks post delivery
- Help getting to and from your appointments
- 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 1-855-833-8119 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: Well Sense Health Plan, Pregnancy Notification, 1155 Elm Street, Suite 600, Manchester, NH 03101
** Depending on your mobile carrier, standard message and data rates may apply. Text messages are not encrypted.
Messages may be read by a 3rd party if your phone is stolen, hacked, or unsecured.*

There is no fee to participate in this program. It is offered to all Well Sense Health Plan members.

Your participation in this program is optional. Your enrollment, eligibility, coverage, or benefits with Well Sense Health Plan, will not be affected if you choose not to participate.

You can stop receiving messages at any time. Just text STOP to opt out.