

# Pregnancy Confirmation Form



**Follow these steps to receive credit for your participation in the 2019 Wellness Rewards Program:**

1. Please print all requested information clearly.
2. Both sections **MUST** be fully completed and signed. Forms with information missing will be returned for correction, which will delay Wellness Rewards credit.
3. Return the completed and signed form to your onsite WellNurse by May 31, 2019. Note: Participants may also fax the completed and signed form to 855-816-3504 or email to wellnessrewardsfax@cigna.com.

## Section 1 - to be completed by participant: PARTICIPANT INFORMATION

First Name:	Last Name:	Employee ID Number (or Medical Plan ID Number):	
Relationship: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse	Date of Birth:	Property/Location Code:	Phone Number: (     )
Address:		City, State, ZIP:	
Email Address:			

**Participant Signature:**

**Date:**

## Section 2 - to be completed by the provider of the service: PREGNANCY CONFIRMATION FORM - Complete and Return Form by 5/31/2019

**Note to Provider:** Your patient is participating in a special health awareness program called Wellness Rewards. Any information you provide remains confidential between you, the patient, and CIGNA. Please complete and sign this form so your patient can receive their rewards.

Wellness Rewards Pregnancy Confirmation form validates that your patient is pregnant and under your care until delivery. Please continue to encourage enrollment into the Maternity Management program for healthy outcomes for baby and mother.

**I validate that the estimated delivery date of patient is \_\_\_\_\_ and Wellness Rewards participant has been educated about her pregnancy and is currently engaging in an active physician-monitored program to manage and improve her condition(s) while pregnant.**

Office Stamp Here (if applicable):

Provider Name: \_\_\_\_\_ Title: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone Number: (     ) \_\_\_\_\_

### Next steps to ensure that you are not paying high medical premiums, please complete the following:

Checklist to earn your rewards:	Date Complete:
Signed/Returned Pregnancy Confirmation Form by 5/31/2019.	
Complete a <b>Benefits/Maternity Visit by 5/31/2019</b> . Call 800-591-9220 to schedule an appointment.	
<b>Cigna &amp; UMR Covered Participants Only:</b> Enroll into you carrier's <b>Maternity Management program</b> in your 1st or 2nd trimester no later than <b>5/31/2019</b> . For Cigna enrolled: call Healthy Pregnancy Healthy Babies Program at 800-423-9920. For UMR enrolled: call Maternity Management at 888-438-8105	
Complete a <b>six week post partum</b> biometric screening by 5/31/2019.	

**Note to Cigna & UMR Covered Participants:** If you deliver after April 19, 2019 you must enroll into you carrier's maternity management program as soon as possible to ensure that you meet the Wellness Rewards requirements.