## **Pregnancy Confirmation Form**



Follow these steps to receive credit for your participation in the 2020 Wellness Rewards Program:

- 1. Both sections MUST be fully completed and signed. Forms with information missing will be returned for correction, which will delay Wellness Rewards credit.
- 2. Return the completed and signed form to your onsite WellNurse **by November 30, 2019.** Note: Participants may also fax the completed and signed form to 855-816-3504 or email to <a href="wellnessrewardsfax@cigna.com">wellnessrewardsfax@cigna.com</a>.
- 3. Refer to bottom section for additional program requirements. All requirements must be completed before your delivery date or applicable deadline, which ever comes first.

Section 1 - To be completed by PARTICIPANT:				
First Name:	Last Name:		Employee ID Number:	
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Relationship: □ Employee □ Spouse/Domestic Partner	Date of Birth:		Property/Location Code:	( )
Address:			City, State, ZIP:	
Email Address:				
Participant Signature:			Date:	
Section 2 - To be completed by PROVIDER:				
this form so your patient can receiv your patient is pregnant and under Maternity Management program fo Estimated Delivery Date:  Provider Name:  Provider Signature:	your care until delivery. r healthy outcomes for b	Please continue to aby and mother.  Title:	o encourage en	rollment into the
Date: Phone Number: ( )				
Complete the following by 11/30/2019 or delivery date, which ever comes first:				
Requirement:			Date	Complete:
Pregnancy Confirmation Form				
Complete a <b>Benefits/Maternity Visit</b> Call 800-591-9220 to schedule an appointment.				
Enroll into you carrier's <b>Maternity Management program</b> Cigna enrolled: call Healthy Pregnancy Healthy Babies  Program at 800-423-9920  UMR enrolled: call Maternity Management at 888-438-8105  Horizon enrolled: call Precious Additions at 800-355-2583				

Revised: 6/1/2019