

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 November 30, 2017.

Note: Participants may also fax the completed and signed form to 855-816-3504

First Name:		Last Name:		Employee ID Number (or Medical Plan ID Number):	
Relationship: ☐ Employee ☐ Spouse		Date of Birth:		Property/Location Code: Phone Number:	
Address:				City, State, ZIP:	
Email Address:					

Question 1:

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.

Office Stamp Here (if applicable):

Date: _____ Phone Number: () _____

Checklist to earn your rewards:	Date Complete:
Signed/Returned Pregnancy Confirmation Form by 11/30/2017.	
Complete a Benefits/Maternity Visit by 5/31/2018. Call 800-591-9229 to schedule an appointment.	
Cigna & UMR Covered Participants Only: Enroll into you carrier's Maternity Management program in your 1st or 2nd trimester no later than 5/31/2018. For Cigna enrolled: call Healthy Pregnancy Healthy Babies Program at 800-423-9920. For UMR enrolled: call Maternity Management at 888-438-5105	
Complete a six week post partum biometric screening by 5/31/2018.	

Received: 4/20/13

Fake Positive Pregnancy Paperwork

L Cohen



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