

## 2024 Maternal Wellness Form

Dear Provider,

Your patient is participating in a voluntary wellness program provided through their employer (or spouse's employer). During pregnancy, INTEGRIS Health caregivers or covered spouses may qualify for the Wellness Reward based on obstetrical care received in 2024. **This form should be used to verify that your patient is attending, or recently completed maternal visits under your care as recommended.**

**Please complete and return this form back to your patient so they can upload it to their ReadySet portal for credit.**

### Patient Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employee ID: \_\_\_\_\_

### Provider Information

Must be completed by a licensed health professional (M.D., D.O., NP, PA)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Provider TIN #: \_\_\_\_\_

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

**DON'T FORGET! INTEGRIS Health offers programs and education options specifically related to prepare you for the arrival of your baby.**

- **LIVE Maternal Classes**
- **Online Maternal Programs**
- **Lactation Support**
- **Employee Breastfeeding Support and Supply Program**
- **Employee Diaper Program**