

## 2026 Maternal Wellness Form

Your patient is participating in a voluntary wellness program provided by INTEGRIS Health, their employer or their spouse's employer. During pregnancy, INTEGRIS Health caregivers or covered spouses may qualify for the Wellness Reward based on obstetrical care received in 2026. This form should be used to verify that your patient is attending or recently completed recommended maternal visits under your care.

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

<b>Patient Information</b>
Last Name: _____ First Name: _____ M.I.: _____
Date of Birth: _____ Employee ID: _____
Are you a covered participant in the INTEGRIS Health Medical Insurance plan?* <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>*This program is only open to participants on the INTEGRIS Health medical plan</small>

### 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/EIN #: \_\_\_\_\_

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

**Remember**, INTEGRIS Health offers programs specifically aimed at helping prepare for your baby's arrival!

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