

Dear Pregnant Member:

Cook Children's Health Plan would like to send you a reward of up to \$100 after you complete a prenatal visit within the first trimester or 42 days of enrollment, then for attending the third, sixth and ninth prenatal visits. To be eligible for this reward, please follow the steps below:



- 1** Take this form to your OB Provider after you have completed your visit.
- 2** Have your provider complete the form and sign it.
- 3** Send this form back to Cook Children's Health Plan by:

Mail
Cook Children's Health Plan
Attention: Member Services VAS
PO Box 2488
Fort Worth, TX 76113-2488

Email
CCHPCustomerSvc@cookchildrens.org
Fax
682-885-8401

Member Information

Member name: _____

Member ID number: _____ Member DOB: _____ / _____ / _____

Would you like to receive more information on breastfeeding? Yes No

Please call Member Services at **1-800-964-2247** for any questions about this form or this benefit.

Provider Office Use Only

1st Prenatal visit date: _____ / _____ / _____ Est. gestational age: _____ Est. due date: _____ / _____ / _____

3rd Prenatal visit date: _____ / _____ / _____ 6th Prenatal visit date: _____ / _____ / _____ 9th Prenatal visit date: _____ / _____ / _____

Doctor/Nurse name: _____ NPI number: _____

Doctor/Nurse signature: _____

Office phone: _____ - _____ - _____ Office fax: _____ - _____ - _____

Office Use Only

Request prenatal medical record Date requested: _____ / _____ / _____ Date received: _____ / _____ / _____

Member enrollment date: _____ / _____ / _____ Value added service form: Approved _____ / _____ / _____ Denied _____ Date