



Prenatal Reward Visits Log

*Mothers-to-be must have at least six prenatal doctor visits to qualify for the reward.
Provider must sign and date this log for each visit.*

PLEASE FILL OUT THIS FORM COMPLETELY

Member Name: _____

Select One (1) Reward: Portable Play Yard, OR
 Stroller Type: Single Twins Triplets

Member ID #: _____ Phone #: _____

Member Address:
Street Number (no P.O. boxes): _____ Apt #: _____

City: _____ State: _____ ZIP: _____

Provider Name: _____

Provider Phone #: _____ Provider Fax #: _____

Hospital where baby was born: _____

Date of baby's birth: _____

Member Signature: _____ Date: _____

PROVIDER MUST FILL OUT FORM BELOW THIS LINE.

Please fill out the chart below for each visit.

Date	Provider Signature

**To help the member receive the reward:
Fax this form within 120 days of the baby's birth to 1-877-647-7475.**