

2025 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 2025. **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.

| |
|--|
| <p>Patient Information</p> <p>Last Name: _____ First Name: _____ M.I.: _____</p> <p>Date of Birth: _____ Employee ID: _____</p> |
|--|

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**