WellCare of Ohio, Inc.

We Want You to Join Our Prenatal Program!

It's easy! Ask your doctor to sign and date this form at each prenatal visit and your first visit after your baby is born. **We will send you a new baby stroller, for free, if you go to at least six prenatal visits and one visit between the third and eighth week after your baby is born.**

For more information, please call toll-free at (800) 951-7719.
TTY users, call (877) 247-6272. Call Monday through Friday, from 7 a.m. to 7 p.m. ET.

You must go to at least six prenatal visits and one visit between the third and eighth week **after** your baby is born. When your doctor completes this form, please mail or fax it to us. Our fax number is **(877) 647-7475**.

Name: _____
Member ID Number: _____ Telephone Number: (____)_____
Address: _____
_____

OB Providers: Please fill in appropriate boxes below.

Date	OB Provider Signature

Visit After Delivery (between third and eighth week after birth)

Date	OB Printed Name	OB Provider Signature
	OB Telephone Number	