

# VISIT RECORD

Dear OB Provider:

Your patient: \_\_\_\_\_  
(DOB: / / ), has enrolled in the MDwise prenatal incentive program **“BLUBELLEbeginnings”**. Please record below the dates of prenatal and postpartum visits and return this letter to the patient, or keep it in her medical record until all visits are complete. She will be eligible for a gift at the completion of her medical visits, **which includes a postpartum exam performed at 21-56 days after delivery.**

Date of Visit	Provider Signature
#1 _____	_____
#2 _____	_____
#3 _____	_____
#4 _____	_____
#5 _____	_____
#6 _____	_____
#7 _____	_____
#8 _____	_____
Extra OB Visits	
_____	_____
_____	_____

## Postpartum Exam

(This visit must be done 21-56 days after delivery)

\_\_\_\_\_

Date of Delivery \_\_\_\_\_

Choice of Gift Card:

\_\_\_ Wal-Mart \_\_\_ Target \_\_\_ Babies R Us

Member mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Hoosier Healthwise # \_\_\_\_\_

Thank you for your cooperation. **This VISIT RECORD can be faxed to 317-829-5530 or mailed to P.O. Box 441423, Indianapolis, IN 46244.** If you have any questions, please call MDwise Customer Service at (800) 356-1204 or in the Indianapolis area (317) 630-2831. Choose option #1. You may also visit [www.mdwise.org](http://www.mdwise.org) for more information.