



Maternal Wellness Verification Form

Program requirements and verification form must be met and submitted to employee wellness by
October 31, 2020

*Caregivers and spouses covered under the INTEGRIS Medical Plan are eligible for the 2020 cash incentive

Name: **(Please Print)** _____

Employee ID Number: _____

Spouses name if you are not the Integris caregiver: _____

Date of Birth: _____

Phone number: _____

In order to determine whether the program you are considering is eligible, please complete the following information in full and ask the instructor or consultant to verify and sign the form.

PLEASE PROVIDE ONE THE FOLLOWING AND RETURN BEFORE OCTOBER 31ST, 2020:

- Maternal Wellness
 - Certificate of Completion
 - Childbirth Education
 - Breastfeeding Class
 - Other Approved Maternal Wellness Class
 - Walk Well (must provide physician release for physical activity)
- Lactation Consultation
 - Please call to schedule a lactation consultation or for a referral
 - Baptist Medical Center: 405.949.3405
 - Baptist Regional: 918.540.7210
 - Bass Baptist: 580.548.1561
 - Canadian Valley: 405.717.6900
 - Edmond: 405.657.3250 or 405.657.3245
 - Grove Hospital: 918.786.4278
 - Lakeside: 405.936.1500
 - Southwest Medical Center: 405.644.5242

EMPLOYEE/SPOUSE Signature: _____

INSTRUCTOR Signature: _____

Submit Form to Employee Wellness by October 31st, 2020 :: Inter-office: 001.7063 / Email:
employeewellness@integrisok.com / Mail: Employee Wellness, 5100 N Brookline Ave, Suite 175, OKC OK 73112