Baby & Me Enrollment Request

Aloha and thank you for your interest in our free Baby & Me Program through your Charter Communications health plan!

Pregnancy can be such a wonderful and happy time for a woman and her family. At HWMG, we want to ensure you and your unborn child have the very best opportunity for a healthy pregnancy and delivery. Baby & Me is dedicated to helping you take measures to ensure a healthy delivery and baby by providing education, intervention and guidance, along with great incentives.

Please complete the following questionnaire as soon as possible, and no later than **week 20** of your pregnancy. **After week 20, you will not be able to enroll.**

Once your enrollment is confirmed, we will contact you regarding these incentives and next steps:

- Digital ***My 9 Months* guide** from March of Dimes containing information about pregnancy stages, nutrition, baby care, and more
- Free six-month rental of a physician-grade **fetal Doppler** to hear your baby's heartbeat at home or on-the-go
- **Breast pump** through an in-network provider (copay may apply). Purchases from out-of-network providers are eligible for reimbursement of up to $357.
- **$250 Target GiftCard**

About 12.5% of pregnancies can result in complications. Through early identification of risk factors, certain complications can be prevented. We are pleased to help you through your pregnancy.

If you have any questions, please contact our Wellness Department at (808) 791-7635, toll-free at (888) 941-4622 x635, or BabyandMe@hwmg.org.

Mahalo,

HWMG Wellness Team

Baby & Me Pregnancy Questionnaire

Please send this questionnaire to HWMG within the **first 20 weeks** of your pregnancy. ***Note: Submitting this form does not constitute program enrollment.***

Email: BabyandMe@hwmg.org Fax: (808) 535-8371

Mail: HWMG Wellness
220 South King Street, Suite 1200
Honolulu, Hawaii 96813

Participation in Baby & Me, a free maternity and baby care incentive program offered through your Charter Communications health plan, is voluntary and does not affect your health plan benefits. The information requested on this form will be used to determine your eligibility for this program and is necessary to help our Wellness and Clinical team identify your pregnancy risk level to provide you with appropriate maternity and baby care service options. All information is confidential and will be treated as protected health information. Incentives are contingent upon active engagement with HWMG.

Applicant Information

Name of Applicant			Member ID	Date of Birth (mm/dd/yy)
Mailing Address				
City	State	Zip	Email	
Phone	Preferred Time of Day to Contact ☐ No Preference ☐ Morning ☐ Afternoon ☐ Evening			

Health and Pregnancy Information

Risk Factors			Height (ft. in.)	Body Mass Index (optional)
1. History of Smoking	☐ Yes	☐ No		
2. Pregnant with Multiples - If Yes, # of babies? _____	☐ Yes	☐ No	Current Weight (lbs)	Pre-Pregnancy Weight (lbs)
3. In Vitro Fertilization Pregnancy	☐ Yes	☐ No	Date Last Menstrual Period Began (mm/dd/yy)	First Prenatal Appointment Date (mm/dd/yy)
4. Artificial Insemination Pregnancy	☐ Yes	☐ No		
5. Abnormalities of Uterus/Placenta	☐ Yes	☐ No	Expected Delivery Date (mm/dd/yy)	Anticipated Delivery Type ☐ Vaginal ☐ C-Section
6. Bleeding Disorder	☐ Yes	☐ No		
7. Diabetes	☐ Yes	☐ No	# of Previous Pregnancies	# of Previous Miscarriages
8. Heart Disease	☐ Yes	☐ No		
9. High Blood Pressure	☐ Yes	☐ No	# of Children Given Birth To	# of Premature Babies
10. Incompetent Cervix	☐ Yes	☐ No		
11. Pregnancy in Last 18 Months	☐ Yes	☐ No		

Name of Primary Care Physician	Name of OB/GYN or Midwife	Name of Delivery Hospital/Facility

Electronic Consent

Initials of Applicant	By initialing this box, you acknowledge and agree that the individual completing this form is the member requesting enrollment in Baby & Me, and HWMG can accept your personal information on this form electronically in a secure manner. Your electronic signature will consist of your typed name and contact information shown above (e.g., email address, phone number, and/or mailing address) that are unique to you and will be used as the equivalent of a manual signature. HWMG may contact you to verify your consent.
Date Initialed (mm/dd/yy)	

If you have any questions, contact HWMG at (808) 791-7635, toll-free at (888) 941-4622 x635, or BabyandMe@hwmg.org.