



910 W Van Buren, 6th Floor
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Phone: 312-491-1956
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Family Health Network believes that with your help, we can increase the number of our members participating in pre-natal care. By providing enrollment forms, we have made it easier for members to enroll in the **Brighter Beginnings Program**.

If a member would like to enroll during her appointment:

- Have the member fill out the top of the enrollment form with her personal information.
- Under *doctor's office only*, please put the date of visit, date of next visit and the hospital for member's delivery. Remember to sign and stamp the bottom with your information.
- For convenience, please have your office staff fax the enrollment form directly to Family Health Network at 312-738-3116. The member can also mail the enrollment form to us.
(*Family Health Network's fax, phone and address information is on the enrollment form*)

By faxing it directly to FHN from your office, we can decrease the amount of enrollment forms forgotten or lost in the mail.

We hope that this will be more convenient for you and your staff, as well as our members. Please help us encourage FHN members to have a healthy pregnancy by joining our **Brighter Beginnings Program**. Every woman deserves to have good pre-natal care.

*If you have any questions or concerns about Family Health Network's **Brighter Beginnings Program** or enrollment, please call FHN Prenatal Case Manager at 312-491-1956 ext 26.*

Family Health Network Brighter Beginnings Enrollment Form

FHN Member Name: _____

FHN Member ID#: _____

Date of Birth: _____ Estimated Due Date: _____

Phone Number: (home) _____ (cell) _____

Is this your 1st pregnancy? (Please Circle) **Yes** **No**

----- (Doctor's Office Use Only) -----

Date of Visit: _____ Date of Next Visit: _____

Hospital for Member's Delivery: _____

Physician: _____ Office Stamp: _____



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