

To Receive Your Gift Card

- Complete the member portion of the form below and have your health care provider complete the provider portion.
- Mail the completed form to Hennepin Health within 90 days of your checkup visit.
- Hennepin Health will mail you a gift card within four to six weeks. If you do not select a gift card choice, one will be selected for you. Lost or stolen gift cards will not be replaced.

Child & Teen Checkup: 12-21 Years

You can earn a \$25 gift card if the following applies to you:

- You are a Hennepin Health member at the time of your checkup visit
- You have gone to the doctor for a checkup visit once a year from the age of 12 to 21 years old

Questions?

Call Hennepin Health Member Services at 612-596-1036 or 1-800-647-0550 (TTY: 1-800-627-3529).

Fill out this form with your doctor



CHILD & TEEN CHECKUP 12-21 YEARS VOUCHER			
To Be Completed by Member			
Child's First Name	Middle Initial	Last Name	
Child's Date of Birth	Child's ID Number	Telephone Number	
Street Address			Apartment #
City	State	Zip Code	Gift Card Choice <input type="checkbox"/> Target <input type="checkbox"/> Walmart
Parent/Guardian Name	Middle Initial	Last Name	
To Be Completed by Clinic Staff			
Date of Visit			
Provider Signature			
Clinic Name/Clinic Stamp		Clinic Phone Number	
Hennepin Health Use Only			
Approved by:			

This rewards program may change without notice. Call Member Services for the most recent information.

612-596-1036

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំពត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះ រងាយក៏ត្រូវស្តាប់លេខទូរស័ព្ទខាងលើ ។
Paznja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyem. Yog hais tias koj xav tau kev rab txhais lus rau tsab ntaub nlawv no rub dawb, ces hu rau tus najrawb xov tooj saum toj no.

ໂປຣຕຣາຍ. ຖ້າຫາກ ທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທສໂປຍທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachisa. Dokumentin kun bilisa akka siif hinkamu gargarsa hoo feete, lakkoobsa gubbati kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Dignin. Naddii aad u baahantahay saawimaad lacag-la'aan ah ee tarjumaadda qoraalka, lambaraka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB3-0022 (3-13)

This information is available in other forms to people with disabilities by calling 1-800-647-0550 (toll free), or 1-800-627-3529 (TTY), or 711, or through the Minnesota Relay direct access numbers at 1-800-627-3529 (TTY Voice, ASCL, hearing carry over) or 1-877-627-3848 (Speech to Speech relay services).

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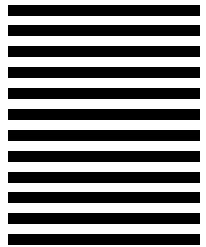
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Minneapolis, Minnesota 55415



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Child & Teen Checkup
(12-21 years)
Voucher - \$25 Gift Card

