

To Receive Your Gift Card

- Complete the parent/guardian 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 child's 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: 15 Months to 11 Years

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

- Your child is a Hennepin Health member at the time of her/his child checkup visit
- Your child goes to the doctor for a child checkup visit at 15 months and 18 months, and then once a year from the age of two to 11 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 15 MONTHS to 11 YEARS VOUCHER			
To Be Completed by Parent/Guardian			
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 First Name	Middle Initial	Last Name	
To Be Completed by Clinic Staff			
For the 2-year-old child visit ONLY		Is the child up to date on blood-lead testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 រងាយស្រួលក្នុងការស្នើសុំជំនួយឥតគិតថ្លៃ។
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. ຖ້າທ່ານ ທ່ານ ຕ້ອງການ ການຊ່ວຍເຫຼືອ ໃນການ ແປເອກະສານນີ້ພຣີ, ຈົ່ງ ໂທສ ໄປທີ່ ພາຍເລກ ຂ້າງເທິງນີ້.

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, lambarka 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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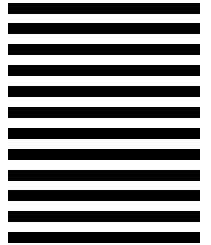
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400 South Fourth Street, Suite 201
Minneapolis, Minnesota 55415



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BUSINESS REPLY MAIL

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Hennepin Health

300 South 6th Street MC L604
Minneapolis, MN 55415-9989

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Child & Teen Checkup
(15 months to 11 years)
Voucher - \$25 Gift Card

