

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 postpartum care 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.

Postpartum Care Visit

You can earn a \$50 gift card if the following applies to you:

- You are a Hennepin Health member at the time of your postpartum care visit
- Your postpartum care visit occurred within 21 to 56 days after you gave birth

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



POSTPARTUM CARE VISIT VOUCHER			
To Be Completed by Member			
First Name	Middle Initial	Last Name	
Date of Birth	Member's ID Number	Telephone Number	
Street Address			Apartment #
City	State	Zip Code	Gift Card Choice <input type="checkbox"/> Target <input type="checkbox"/> Walmart
To Be Completed by Clinic Staff			
Postpartum Care Visit Date	Baby Delivery Date	Baby's Weight	Baby's Gestational Age at Birth
Provider Signature		Date	
Clinic Name			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.

ຄຳຄຳຕໍ່ລຳຄຳນີ້ ຫຼື ຜູ້ທີ່ຕ້ອງການຄຳຊ່ວຍເຫຼືອໃນການເຂົ້າໃຈບັນທຶກນີ້ ຈົ່ງ ໂທສຳ ໄປທີ່ ຫ້າຍເລກຂ້າງເທິງນີ້.

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. ຖ້າຫາກາ ທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອໃນການເຂົ້າໃຈເອກະສານນີ້ພໍລີ, ຈົ່ງ ໂທສຳ ໄປທີ່ ຫ້າຍເລກຂ້າງເທິງນີ້.

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.

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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Minneapolis Grain Exchange Building
400 South Fourth Street, Suite 201
Minneapolis, Minnesota 55415

BUSINESS REPLY MAIL
FIRST - CLASS MAIL PERMIT NO 13934 MINNEAPOLIS, MN

POSTAGE WILL BE PAID BY ADDRESSEE

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

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

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Postpartum Care Visit
Voucher - \$50 Gift Card

