

Child & Teen Checkups

Ages 15 Months to 21 Years

You can earn a \$25 gift card for each checkup visit your child completes according to the schedule below:

- 15 months
- 18 months
- 24 months
- 30 months
- every year from age 3 through age 21

To earn a gift card:

- Your child must be a member of Hennepin Health at the time of the visit; and
- You must submit a completed voucher for each visit.

Follow these instructions to receive your gift card:

1. Fill out the parent/guardian portion of the form below and ask your health care provider to fill out the provider portion.
2. Return the completed form to Hennepin Health within 90 days of your child's checkup visit.
3. You will receive your gift card in 4-6 weeks.

Note: We can't replace lost or stolen gift cards.

If you don't make a gift card selection, we will make one for you.

- Check this box if you'd like to pick up your gift card at our walk-in service center. We'll call you when it's ready.

Questions?

Call Hennepin Health Member Services

Local: 612-596-1036

Toll free: 1-800-647-0550

TTY: 1-800-627-3529

Fill out this form with your health care provider



To Be Completed by Parent/Guardian			
Child's First Name	Middle Initial	Last Name	
Child's Date of Birth	Child's Hennepin Health ID Number	Telephone Number	
Street Address			Apartment #
City	State	Zip Code	Gift Card Preference <input type="checkbox"/> Target <input type="checkbox"/> Walmart
Parent/Guardian First Name	Middle Initial	Last Name	
To Be Completed by Health Care Provider			
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.

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DHS approved 7/10/2018

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612-596-1036

hennepinhealth@hennepin.us

Discrimination is against the law. Hennepin Health does not discriminate because of race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability or sex.

Attention. If you need free help interpreting this document, call the above number.
Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda goraalkaan, lambarka kore wac.
Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

LB2 (8-16)

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Hennepin Health 612-596-1036
Monday-Friday, 8 a.m.-4:30 p.m.

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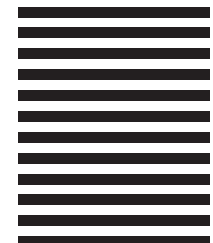
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Voucher - \$25 Gift Card

