

First Prenatal Care Visit

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

- You are a Hennepin Health member at the time of your first prenatal visit and your visit occurs within 104 days of your pregnancy; or
- Your first prenatal visit occurred before you became a Hennepin Health member and you have another prenatal visit within the first 42 days of enrolling in Hennepin Health.

Follow these instructions to receive your gift card:

1. Fill out the member 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 first prenatal 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 Member			
First Name		Middle Initial	Last Name
Date of Birth	Hennepin Health ID Number		Telephone Number
Street Address			Apartment #
City	State	Zip Code	Gift Card Preference <input type="checkbox"/> Target <input type="checkbox"/> Walmart
To Be Completed by Health Care Provider			
Date of First Prenatal Visit		Estimated Due Date	
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.

TAPE
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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.

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

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

Digniin. Haddii aad u baahantahay caawimaad laage-la'aan ah ee tarjumaadda qoraalkan, 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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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

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UNITED STATES

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**First Prenatal Visit
Voucher - \$50 Gift Card**

