

Annual Dental Care Visit

Ages 1 Year to 65 Years

You can earn a \$15 gift card for one dental care visit in a calendar year.

To earn a gift card:

- You must be a member of Hennepin Health at the time of the dental visit; and
- Your dentist must be in the Hennepin Health network.

Follow these instructions to receive your gift card:

1. Fill out the member portion of the form below and ask your dentist to fill out the provider portion.
2. Return the completed form to Hennepin Health within 90 days of your dental care 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 dental 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 Dental Provider | | | |
| Date of Dental Care Visit | | | |
| Provider Signature | | Date | |
| Clinic Name/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

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.



612-596-1036
hennepinhealth@hennepin.us

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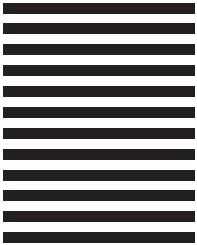
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400 South Fourth Street, Suite 201
Minneapolis, Minnesota 55415

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**Dental Care Visit
Voucher - \$15 Gift Card**

