



# \$25 Gift Card

## "Next Steps" Adolescent Incentive AGES: 12-17

Dear Parent/Guardian:

It is important for your child to have a check-up once a year and have his/her immunizations updated. These visits allow your doctor to check your child's health and development. Up-to-date immunizations give your child the best chance to be protected against preventable diseases.

**Your Care Health Plan would like to reward your child.** A Walmart gift card for \$25.00 will be mailed to your child when we receive the completed Adolescent Incentive Form at the bottom of the page. It's our way of saying thank you to you and your child for taking steps to a healthy future.

**To qualify for the gift card your child must be between the ages of 12-17:**

- Select a doctor who accepts YourCare Health Plan  
If you don't have a doctor, call 1-800-683-3781 or visit [www.yourcarehealthplan.com](http://www.yourcarehealthplan.com)
- Call the doctor to schedule a Well Child Visit and discuss what immunizations are needed.
- Complete the **Adolescent Incentive Form below.**
- **Have the doctor's office sign or stamp in the box below.**

### Adolescent Incentive Form

**\*\*Please complete the first part of this form. Then give it to the doctor to complete and sign/stamp it.\*\***

Member Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: \_\_\_\_\_ Member ID#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Doctor's Office: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

**To be completed by the Doctor:**

Date of Well Child Visit for 2018 \_\_\_\_\_

**The date the following vaccines were discussed:**

Meningococcal \_\_\_\_\_

Tdap \_\_\_\_\_

HPV \_\_\_\_\_

|  |
|--|
| <b><u>Doctor sign or stamp here:</u></b> |
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**\*Gift Card will only be issued if Adolescent Incentive form is filled out and signed/stamped by doctor.\***

**It may take 4-6 weeks for delivery of card and the card is NOT replaceable**

**Offer ends December 31, 2018**

The completed form needs be faxed to 1-800-553-1160 or  
mailed to Your Care Health Plan, PO Box 240, Pittsford, NY 14534  
Attn: Amie Hampton