



# \$25 Gift Card

Dear Mother-To-Be:

It's very important to keep you and your baby healthy. Going to all scheduled appointments with your Obstetrical Care Provider (OB/GYN) is the best way to make sure you're getting the proper care.

**YourCare Health Plan Would Like to Congratulate You.** A Wal-Mart gift card for \$25.00 will be mailed to you **when we receive the completed Postpartum Incentive Form at the bottom of the page.** It's our way of saying thank you for taking good care of yourself and the baby during your pregnancy.

**To Qualify For The Gift Card You Must:**

- Visit your OB/GYN when you find out about your pregnancy.
- Keep all appointments scheduled by your OB/GYN (you can reschedule if necessary).
- Follow your OB/GYN's instructions throughout your pregnancy.
- Have the **Postpartum Incentive Form completed by your OB/GYN** at your scheduled 6 Week Postpartum Visit. **Your 6 week postpartum visit should take place within 21-56 days (3-8 weeks) after your delivery date.**

## Postpartum Incentive Form

**\*\*This Section Needs To Be Filled Out By The OB/GYN After Completion Of The Postpartum Visit\*\***

Member Name: \_\_\_\_\_ Member Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Member ID#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Name of obstetrical care provider: \_\_\_\_\_

The above member:

- Kept her appointments and followed recommended treatment plan during her pregnancy
- Did not keep her appointments or follow recommended treatment plan during her pregnancy

Date of first prenatal visit: \_\_\_\_\_ #of weeks pregnant @1<sup>st</sup> visit: \_\_\_\_\_  
 Newborn's DOB: \_\_\_\_\_ Date of postpartum visit: \_\_\_\_\_

**Obstetrical Care Provider's Signature or Stamp**

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

# \$25 Gift Card



Estimada Futura Madre

Es muy importante que usted y su bebé se mantengan saludables. La mejor manera de asegurarse de que está recibiendo el mejor cuidado es al ir a todas sus citas médicas con su Ginecólogo(a).

**El YourCare Health Plan le Gustaría Felicitarle.** Le enviaremos una tarjeta de regalo de \$25.00 de

**Wal-Mart cuando recibamos la Forma del Incentivo Posparto en la parte de abajo de la página.** Es nuestra manera de decir gracias por cuidarse a usted misma y a su bebé durante su embarazo.

**Para Cualificar Para La Tarjeta de Regalo Usted Debe:**

- Visitar a su Ginecólogo cuando sepa de su embarazo.
- Mantener todas sus citas con su Ginecólogo (usted puede cambiar su cita si es necesario).
- Seguir las instrucciones de su Ginecólogo durante todo su embarazo.
- **Que su Ginecólogo complete la Forma del Incentivo Posparto** en la cita de chequeo posparto de 6 semanas. **Su cita posparto de 6 semanas deberá tomar lugar entre 21-56 días (3-8 semanas) después del día de alumbramiento.**

## Postpartum Incentive Form

**\*\*This Section Needs To Be Filled Out By The OB/GYN After Completion Of The Postpartum Visit\*\***

Member Name: \_\_\_\_\_ Member Phone \_\_\_\_\_

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

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

Name of obstetrical care provider: \_\_\_\_\_

The above me:

- Kept her appointments and followed recommended treatment plan during her pregnancy
- Did not keep her appointments or follow recommended treatment plan during her pregnancy

Date of first prenatal visit: \_\_\_\_\_ #of weeks pregnant @ 1<sup>st</sup> visit: \_\_\_\_\_

Newborn's DOB: \_\_\_\_\_ Date of postpartum visit: \_\_\_\_\_

Obstetrical Care Provider's Signature or Stamp

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