



\$25 Gift Card

Dear Parent/Guardian:

It is important for your child between the ages of three to six to have a check-up once a year and have his/her immunization updated. These visits allow a doctor to keep close watch on your child's general health and development. If a problem is detected early, your child will have the best chance for proper and successful treatment.

Your Care Health Plan would like to reward you. A Wal-Mart gift card for \$25.00 will be mailed to you **when we receive the completed Well Child Check-up Incentive Form at the bottom of the page.** It's our way of saying thank you for taking good care of your child's health.

To qualify for the gift card, your child must be between the ages of 3 and 6:

- 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
- Call the doctor to schedule a Well Child Visit and discuss what immunizations are needed.
- Complete the **Well Child Check Incentive Form** below.
- **Have the doctor's office sign or stamp in the box below.**

Well Child Check-up Incentive Form

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

Member Name: _____ Birth Date _____ Phone: _____

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 _____

<u>Doctor sign or stamp here:</u>
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***Gift Card will only be issued if Well Child Check-up 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