Child & Teen Checkups

Ages 15 months-17 years

You can earn a \$25 gift card for each checkup visit your child completes at:

- 15 months
- 30 months
- 18 months
- Each year ages 3-17
- 24 months

To earn a gift card:

- Your child must be a member of Hennepin Health at the time of visit and when the voucher is redeemed.
- Your provider must be in the Hennepin Health network.
- You must submit a completed voucher for each visit.

Follow these instructions to receive your gift card:

- 1. Fill out the parent/guardian 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.
- 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 Member Service Center. We'll call you when it's ready.

Questions?

Call Hennepin Health Member Services.

Local: 612-596-1036

TTY: 711

Visit *Healthwise Knowledgebase®* to learn more about the importance of child and teen checkups and for additional resources: www.healthwise.net/hennepin

Fill out this form with your provider



To be completed by parent/guardian					
Child's first name	Middle initial	Last name			
Child's date of birth	Child's Hennepin Health ID number			Phone number	
Street address				Aj	partment #
City State	Zip code	Gift card che ☐ Target		Walmart	
Parent/guardian first name	Middle initial	Last nar	ne		
To be completed by provider					
For the 2-year-old child visit ONLY Is the child up-to-date on blood lead testing? \square Yes \square					g? 🗆 Yes 🗆 No
Date of visit					
Provider signature					
Clinic name/clinic stamp			Clinic pho	one numb	er
Hennepin Health use only					
Approved by:					

ndicado arriba

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

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

saum toj no pub dawb, ces hu rau tus najnpawb xov tooj tau kev pab txhais lus rau tsab ntaub ntawv no Thov ua twb zoo nyeem. Yog hais tias koj xav

Digniin. Haddii aad u baahantahay caawimaad

FOLD HERE TO MAIL

FOLD HERE TO MAIL



sexual orientation, public assistance status

race, color, national origin, creed, religion,

Discrimination is against the law. Hennepin

hennepinhealth@hennepin.us

612-596-1036

marital status, age, disability or sex.

300 South Sixth Street, MC 604 Minneapolis, Minnesota 55487-0604



para interpretar este documento, llame al número

LB2 (10-20)

Atención. Si desea recibir asistencia gratuita

lambarka kore wac

lacag-la'aan ah ee tarjumaadda qoraalkan,

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

NO POSTAGE **NECESSARY** IF MAILED IN THE JNITED STATES



FOLD HERE TO MAIL



Child & Teen Checkups (15 months–17 years) voucher -\$25 gift card

