



# BEST FOR BABY & ME PRENATAL CARE

MEDICA.

Medica Choice Care<sup>SM</sup> or Medica MinnesotaCare members who receive their 1<sup>st</sup> prenatal visit within 104 days of pregnancy are eligible to receive a \$20 Target<sup>®</sup> GiftCard from Medica. **If you were not a Medica member at the time of your 1<sup>st</sup> prenatal visit, you are eligible to get a \$20 Target<sup>®</sup> GiftCard if you have another prenatal visit within the first 42 days of your Medica Choice Care or Medica MinnesotaCare coverage.**

**TO BE FILLED OUT BY PROVIDER ONLY**

**Proof of 1<sup>st</sup> prenatal visit within 104 days of pregnancy as a Medica member. Or, if the patient was not a Medica member at the time of her 1<sup>st</sup> prenatal visit, proof of prenatal visit within the first 42 days of their Medica Choice Care or Medica MinnesotaCare coverage.**

\_\_\_\_\_  
Date of Prenatal Visit

\_\_\_\_\_  
Estimated Date of Delivery

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinic Name/Stamp

\_\_\_\_\_  
Printed Name of Signer

\_\_\_\_\_  
Title

\$20

## REMEMBER...

- ◆ This completed voucher must be received by Medica within 90 days of your postpartum visit.
- ◆ To be eligible for the \$20 gift card, you must be a Medica Choice Care<sup>SM</sup> or Medica MinnesotaCare member and have your 1<sup>st</sup> prenatal visit within 104 days of becoming pregnant. Or, if your 1<sup>st</sup> prenatal visit happens before you are a member and you have another prenatal visit within the first 42 days of your Medica Choice Care or Medica MinnesotaCare coverage.

\_\_\_\_\_  
Member's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(      )  
\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

5 9 \_ \_ \_ \_ - \_ \_ \_ \_ \_ - 0 0

\_\_\_\_\_  
Member's Medica Identification Number

**Please allow 4-6 weeks for your gift card to arrive in the mail.**

Members may return this voucher in the Medica business reply envelope. Or, mail this voucher to: Medica, CP335, PO Box 9310, Minneapolis, MN 55440-9310.

Please allow 4-6 weeks for your gift card to arrive in the mail. **The Way to Better Health Program may be changed or discontinued at anytime without advance notice.**

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— OVER —

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aa ah, wac Medica: 952-992-2260.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم  
Medica: 1-800-373-8335.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, позвоните Medica: 952-992-2294.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການ ຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງ ໂທຣ໌ຫາ Medica: 1-800-373-8335.

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite Medica: 1-800-373-8335.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame a Medica: 952-992-2297.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែឥតមាន ថ្លៃដោយមិនគិតថ្លៃ សូមទូរស័ព្ទទៅ Medica: 1-800-373-8335 ។

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi Medica: 952-992-2295.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, hu Medica: 952-992-2296.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsi bilbiltu Medica: 1-800-373-8335.

LB4-medical (11-07)

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If you want free help translating this information, call 1-800-373-8335.

This information is available in other forms to people with disabilities by calling 952-992-2322 (voice), or 1-800-373-8335 (toll free), or through the National Relay Center toll free at 1-800-855-2880 (TTY/TDD), or 7-1-1, or through the Minnesota Relay direct access numbers at 1-800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over), or 1-877-627-3848 (speech to speech relay service).