Birth to 15 months well child visit reward claim form = $50 Instacart reward

Why it's important – All children need 6 well-child visits before they are 15 months old. This helps to make sure they are developing and growing properly.

After you complete the well child visit, fill out the information below

Date of visit _____ / _____/ _____(mm/dd/yy)

Name and address of facility, clinic, lab, provider office or other location where service was completed

_____

Enter your information here

Parent/guardian name _____

Infant name_____

Address _____ Apt/Unit_____

City_____ State _____ZIP _____

Email address (required for payment)_____

How to claim your reward

Email a copy of your completed form to

<Email address>



UnitedHealthcare does not discriminate on the basis of race, color, national origin, sex, age or disability in health programs and activities.

This information is available for free in other languages, such as letters in other languages, large print, or you can ask for an interpreter. Please contact our customer service number at 1-888-716-8787, TTY/TTD 711, 8 a.m.–7 p.m., Monday–Friday.

Spanish: Esta información está disponible de forma gratuita en otros idiomas como cartas en otros idiomas, letra grande, o puede pedir un intérprete. Por ejemplo, letras en otros idiomas o letra grande. También puede solicitar un intérprete. Por favor, póngase en contacto con nuestro número de servicio al cliente en 1-888-716-8787, TTY/TTD 711, de 8 a. m. a 7 p. m. de lunes a viernes.

Haitian Creole: Enfòmasyon sa a ki disponib pou gratis nan lòt lang tankou lèt nan lòt lang, gwo lèt, oswa ou ka mande yon entèprèt. Tankou, lèt nan lòt lang oswa gwo lèt. Oswa, ou ka mande yon entèprè. Souple kontakte nimewo sèvis Kliyantèl nou nan 1-888-716-8787, 711 TTY/TTD, 8 a.m. rive 7 p.m., Lendi rive Vandredi.

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Fòm pou reklame rekonpans pou vizit medikal woutin timoun depi nesans rive nan laj 15 mwa = Rekonpans Instacart $50

Poukisa li enpòtan – Tout timoun bezwen ale nan 6 vizit medikal woutin anvan yo gen 15 mwa. Sa a ede asire y ap devlope epi y ap grandi byen.

Apre ou fin ale nan vizit medikal woutin timoun nan, ranpli enfòmasyon ki anba a

Dat vizit la_____ / _____ /_____(mm/jj/aa)

Non ak adrès etablisman an, klinik, laboratwa, biwo pwofesyonèl swen sante a oswa lòt kote yo te bay sèvis la.

_____

Ajoute enfòmasyon ou yo la a

Non paran an/responsab legal la_____

Non tibebe a _____

Adrès _____Apatman/Inite _____

Vil _____ Eta_____ Kòd Postal _____

Adrès imèl (obligatwa pou peman)

_____

Kijan pou reklame rekonpans ou a

Voye yon kopi fòm ou ranpli a pa imèl nan

<Email address>

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