# Prenatal visit reward claim form = Earn a $50 Visa e-card

**Why it's important –** Regular prenatal visits help monitor your health and your baby's growth, address concerns early, and support healthier outcomes for both of you.

## After you complete your first prenatal visit in the first trimester (12 weeks), fill out all the information below and submit your claim online

### Visit information

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

Doctor name _____

Clinic address _____

### Your information

Name _____

Address _____ Apt/Unit_____

City _____ State _____ZIP _____

Email address (required for payment) _____

### How to claim your reward

To receive your reward send your completed form by email to: **topc@uhc.com**

Please use "TOPC" in the subject line.

**Important: To receive your reward, complete all information and submit the claim form online.**

United Healthcare® Community Plan

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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CSG23345005 10/26

# Fòm pou reklame rekonpans anvan akouchman an = Kat Visa Elektwonik $50

**Poukisa li enpòtan –** Vizit Regilye pou swen anvan akouchman yo ede yo sipèvize sante w ak devlopman ti bebe w la, abòde enkyetid yo alavans, epi bay sipò pou pi bon rezilta sou sante pou nou toulede

## Apre ou fin fè premye vizit pou swen anvan akouchman nan premye trimès la (12 semèn), ranpli tout enfòmasyon ki anba yo epi soumèt reklamasyon w lan anliy

### Enfòmasyon sou vizit la

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

Non doktè a _____

Adrès klinik lan _____

### Enfòmasyon ou yo

Non _____

Adrès _____ Apatman/Inite _____

Vil _____ Eta_____ Kòd Postal_____

Adrès imèl (obligatwa pou peman)_____

### Kijan pou reklame rekonpans ou a

Pou resevwa rekonpans ou,
voye fòm ou ranpli a pa imèl nan:
**topc@uhc.com**

Tanpri mete “TOPC” nan liy sijè a.

**Enpòtan: Pou resevwa rekonpans ou, ranpli tout enfòmasyon yo epi soumèt fòm reklamasyon an anliy.**

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Please allow 6 weeks for processing. Program is subject to change. Reward will be sent to the email address provided on the return form. Members are responsible for lost, stolen, or deleted rewards. The reward is based on your eligibility and health status at the time of appointment. The reward cannot be used to purchase UnitedHealthcare Community Plan covered goods or services, including prescription drugs. It cannot be redeemed in any way for alcohol, tobacco products, firearms, or ammunition. It cannot be converted into cash. Other restrictions may apply. This reward can only be used by members of UnitedHealthcare Community Plan. The offer and use of the reward is subject to change in accordance with the rules of the UnitedHealthcare Community Plan program. UnitedHealthcare Community Plan is not affiliated with any of its affiliates. The services, products or activities of UnitedHealthcare Community Plan, are neither endorsed nor sponsored by any of its affiliates.

Tanpri tann 6 semèn pou tretman an. Pwogram nan ka chanje. Y ap voye rekonpans lan nan adrès imèl ou bay sou fòm w ap voye tounen an. Manm yo responsab rekonpans ki pèdi, sa yo vòlè, oswa sa ki efase yo. Rekonpans lan depann de kalifikasyon w ak eta sante w nan moman randevou a. Ou pa ka itilize rekonpans lan pou achte pwodui oswa sèvis UnitedHealthcare Community Plan kouvri, tankou medikaman sou preskripsyon. Ou pa ka itilize l nan okenn fason pou achte alkòl, pwodui a baz tabak, zam, oswa minisyon. Ou pa ka chanje l pou yo ba w lajan kach. Gen lòt restriksyon ki ka aplike. Se sèlman manm UnitedHealthcare Community Plan ki ka itilize rekonpans sa a. Òf la ak itlizasyon rekonpans lan ka chanje selon règleman pwogram UnitedHealthcare Community Plan yo. UnitedHealthcare Community Plan pa afilye ak okenn nan konpayi ki afilye avèk li yo. Okenn nan afilye UnitedHealthcare Community Plan yo pa ni andose ni esponnsorize sèvis, pwodui oswa aktivite li yo.