



Get a no-cost
\$50 gift card
for completing
3 well-child visits!

COMPLETE YOUR CHILD'S **4th, 5th and 6th** WELL-CHILD VISITS

A well-child visit is when your child will receive a physical exam, have their growth checked, and get any shots they may need.

Eligible CalOptima Medi-Cal members can qualify for a no-cost \$50 gift card if you follow these steps:

- 1** Take your child to see a doctor for their **4th, 5th and 6th well-child visit before** their 15th month birthday. Call your child's doctor to see if he or she may be due for a visit. Follow the doctor's recommendations.
- 2** Have your child's doctor fill out this form at the 6th well-child visit and fax it to CalOptima.

Your child must complete their 1st, 2nd and 3rd well-child visit before they can qualify for this incentive.

**This form must be faxed to CalOptima at 1-714-796-6613
within 60 days of completing the 6th well-child visit.**

If you have any questions about this incentive, please call CalOptima Health Management department at **1-714-246-8895**. TTY users can call toll-free at **1-800-735-2929**.

We have staff who speak your language.

Disclaimer to member: You must meet all incentive eligibility requirements to qualify for the no-cost gift card. It may take 6 to 8 weeks after we receive the completed form for you to receive your gift card. The gift cards are available while supplies last. The gift card cannot be used to purchase alcohol, tobacco or firearms. The card has no cash value, and CalOptima is not responsible if it is lost or stolen.

Please complete form at 6th well-child visit and
 fax completed form to CalOptima at 1-714-796-6613.

All sections must be fully completed by the doctor to receive the no-cost gift card.

Mother's Full Name:		
Mother's Date of Birth:	Mother's CIN:	
Child's Full Name:		
Child's Date of Birth:	Child's CIN:	
Mailing Address:		
City:	State:	Zip Code:

The well-child visit must occur with a primary care physician (MD, DO, PA, NP) and must include all the following assessments:

- **Health History** — Assessment of birth history, family history and past medical/surgical history has been completed.
- **Physical and Mental Developmental History** — Assessment of age-appropriate physical and mental developmental milestones has been completed.
- **Physical Exam** — Complete physical exam consisting of the assessment of more than one body system has been completed.
- **Anticipatory Guidance** — I have discussed an overall healthy lifestyle including nutrition, physical activity, and safety with the parents/guardians of the child.

Please confirm the dates the child completed their 1st, 2nd and 3rd Well-Child visits.

1st Well-Child Visit Date: ___ / ___ / ___	2nd Well-Child Visit Date: ___ / ___ / ___	3rd Well-Child Visit Date: ___ / ___ / ___
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Assessments Completed (All must be completed and checked off.)	Provider Information	Office Stamp Name/Address/Phone Number
<input type="checkbox"/> 4th Well-Child Visit Date ___ / ___ / ___ <input type="checkbox"/> Health history <input type="checkbox"/> Physical developmental history <input type="checkbox"/> Mental developmental history <input type="checkbox"/> Physical Exam <input type="checkbox"/> Anticipatory guidance discussed	Provider Name: NPI: TIN:	
<input type="checkbox"/> 5th Well-Child Visit Date ___ / ___ / ___ <input type="checkbox"/> Health history <input type="checkbox"/> Physical developmental history <input type="checkbox"/> Mental developmental history <input type="checkbox"/> Physical Exam <input type="checkbox"/> Anticipatory guidance discussed	Provider Name: NPI: TIN:	
<input type="checkbox"/> 6th Well-Child Visit Date ___ / ___ / ___ <input type="checkbox"/> Health history <input type="checkbox"/> Physical developmental history <input type="checkbox"/> Mental developmental history <input type="checkbox"/> Physical Exam <input type="checkbox"/> Anticipatory guidance discussed	Provider Name: NPI: TIN:	