



# Blood Lead Test at 24 Months of Age

Eligible CalOptima Health Medi-Cal members can receive a no-cost \$25 gift card for completing a blood lead test at 24 months of age!

Get a no-cost  
**\$25**  
gift card  
for completing a  
blood lead test!

Lead can be harmful to your child's health. Children exposed to lead often show no signs. A blood lead test is the best way to know if your child has been exposed to lead and is an important part of your child's routine well-care visits. Complete a blood lead test at 24 months of age even if your child completed a test at 12 months of age.

As a CalOptima Health Medi-Cal member, your child can get a blood lead test at no cost.

- STEP 1** Talk to your child's provider about whether they need a blood lead test.
- STEP 2** Complete a blood lead test between 24 and 35 months of age.
- STEP 3** Fill out the information on the back of this form and submit it to CalOptima Health to receive your no-cost \$25 gift card.

If you have any questions about this member health reward, please visit us at [www.caloptima.org/HealthRewards](http://www.caloptima.org/HealthRewards) for more details.

# Blood Lead Test at 24 Months of Age Health Reward Form

## How to qualify for the no-cost gift card:

1. Complete a blood lead test between 24 and 35 months of age this year if recommended by your child's provider.
2. Fill out this form. **Make sure your child's provider or lab stamps this form.**
3. Submit the completed form to CalOptima Health before **January 31, 2025**.  
This program may end at any time without notice.

## How to submit this form to CalOptima Health:

- Fax:** Ask your child's provider to fax this form on your behalf to **714-796-6613**, or
- Mail:**  
 CalOptima Health  
 Attn: Quality Initiatives  
 P.O. Box 11033  
 Orange, CA 92856-9902

If you qualify, it will take at least **8 weeks** after we receive the completed form for you to get your no-cost \$25 gift card.

**All sections must be fully completed and stamped by your child's provider or lab to receive the no-cost gift card.**

Member Name:		Date of Birth:		
CalOptima Health ID Number:		Phone:		
Mailing Address:				
City:		State:	ZIP Code:	
Test	Test Date	Results (optional)	Provider or Lab Information	Provider or Lab Stamp
Blood Lead Test	___/___/___	Blood lead level _____ µg/dL	Name:	
			Phone:	

**Disclaimer:** You must meet **all** health reward eligibility requirements to qualify for the gift card. It takes at least 8 weeks after we receive the completed form to process your gift card. The gift card cannot be used to purchase alcohol, tobacco or firearms. The gift card has no cash value, and CalOptima Health is not responsible if it is lost or stolen. You may only be approved once per calendar year for this health reward. Gift cards are available while supplies last. This program may end at any time without notice.