

Adolescent Well Care Visit Reward Form - 2017



You did it! Thank you getting your yearly wellness visit. Your health is important to us. As an extra reward for your visit today, you may qualify for a **\$25 gift card**. If you were born between 1-1-1996 and 12-31-2005, fill out the form below, and we will send you a gift card.

***You must be actively enrolled in your CCO at the time of your appointment to be eligible for a gift card. CareOregon will confirm your eligibility after the clinic submits your form.**

1. Fill out your name and address below. Please print clearly and make sure it is complete and correct. The address you write is where we will send your gift card.

Member name: _____

Date of birth: _____

Street address: _____

City / State / ZIP: _____

Phone number: _____

2. Check one box below to pick which gift card you would like us to send you.

<input type="checkbox"/> Amazon.com Gift Card	<input type="checkbox"/> iTunes	<input type="checkbox"/> Walmart
<input type="checkbox"/> Target	<input type="checkbox"/> Subway	<input type="checkbox"/> T.J. Maxx

3. Give this completed form to a clinic staff member.

You're all done! Your card will be mailed to you in approximately 4-6 weeks to the address you provided above.

Clinic staff: Please complete and send to this special fax line: **503-416-1316**.

Provider or clinic staff: _____
(Please print name)

Signature: _____

Date of appointment: _____

Clinic name: _____

**PLACE CLINIC STICKER/LABEL
HERE WITH:**

- Member name
- **DOB**
- Address
- Phone number
- **CCO member ID**

Please email all questions to awc@careoregon.org