

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

**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.

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**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](mailto:awc@careoregon.org)