



# \$25 GIFT CARD FOR WELL-CHILD VISIT

## Make your request one of the following ways:

1. Complete it online at [FirstCare.com/CHIP/VAS](http://FirstCare.com/CHIP/VAS)
2. Complete this form and mail it to the address below
3. Call 1-877-639-2447

## Earn a \$25 gift card:\*

1. Complete your well-child visit on time
  - a. For existing members, the checkup should occur during the year in which the child is 3 or older
  - b. For new members, the first checkup should occur within 90 days of joining FirstCare
2. Be a FirstCare member during the visit
3. Fill out the form online, mail it to us at the address below, or call 1-877-639-2447
4. Requests must be mailed within 3 months of the well-child visit

\*Limited to one per calendar year\*

### TO BE COMPLETED BY MEMBER

Member Name: _____	Birth Date: _____
FirstCare ID Number: _____	Phone #: _____
Date of Well-Child Visit: _____	
Doctor Name: _____	Doctor Phone #: _____

**Incomplete requests may be returned. Paper vouchers can be mailed to the address below.**

FirstCare Health Plan  
 ATTN: VAS  
 12940 N. Hwy 183  
 Austin, TX 78750

CHIP Members can call:  
 1-877-639-2447  
 Or visit [FirstCare.com/CHIP](http://FirstCare.com/CHIP)  
 TTY 7-1-1