

Congratulations On Your New Baby!

SAN FRANCISCO
HEALTH PLAN™



Here for you

Member Name: _____

SFHP ID#: _____

Birth Date: / / _____

Street Address: _____

City, State, Zip: _____



Your Body, Your Baby

Steps for a healthy start

We'll send you a **\$25** Gift Card for seeing your provider for a new-mother check-up within 3–8 weeks after delivery.

Please send my free book and \$25 gift card for (check one):



Your Date of Delivery was on: MM / DD / YYYY

Your new-mother check up must be between: MM / DD / YYYY and MM / DD / YYYY



Have your provider complete the ticket below when you go in for your new-mother checkup.



Return it in the enclosed envelope or have your provider fax it to **1(415) 615-4547**.

For more information call **1(800) 288-5555** Monday–Friday 8:30am to 5:30pm

To Get Your Gift Card, Please Ask Your Provider to Complete the Section Below

Date of postpartum Check Up (See timeline above): _____

Clinic/Provider Name: _____

Clinic/Provider Phone Number: () - _____

Clinic/Provider Signature or Stamp: _____