Congratulations on Your New Baby!

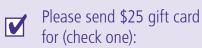
SAN FRANCISCO HEALTH PLAN Here for you

Member Name:		
SFHP ID#:		
Birth Date:	/	/
Street Address:		
City, State, Zip:		



We'll send you a **\$25** Gift Card for seeing your provider for a postpartum visit within 3–8 weeks after delivery.

Your Body, Your Baby Steps for a healthy start



\$25 OLD NAVY Your Date of Delivery was on: Your Postpartum Visit must be between: MM / DD / YYYY MM / DD / YYYY and MM / DD / YYYY



Have your provider fill out the section below when you go in for postpartum visit.



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 Fill out the Section Below

Date of Postpartum Visit (See timeline above):

Clinic/Provider Name:

Clinic/Provider Phone Number:

Clinic/Provider Signature or Stamp: