

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

Please send \$25 gift card for (check one):



Your Date of Delivery was on:

MM / DD / YYYY

Your Postpartum Visit must be between:

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: _____