



GIFT CARD VALIDATION FORM

Dear Mother-To-Be:

Keeping your appointments with your **Affinity Health Plan** OB doctor (obstetrician) is very important for the continuing good health of you and your baby. If you see your doctor before you give birth you can receive a **\$25** gift card. You have to complete this required prenatal visit in the first 3 months of your pregnancy or within 45 days of enrolling with Affinity. We will give you **another \$25** gift card when you have your postpartum visit between 3 and 8 weeks after a normal delivery or within 7 to 14 days after a cesarean section or complicated delivery. Gift cards may not be used towards the purchase of cigarettes or alcohol.

The gift card will be mailed to you when we receive the completed information below. Ask your Affinity OB doctor to complete and sign this form. You must mail or fax it directly to Affinity **after** your 1st prenatal and postpartum appointment.

Member Name: _____ Affinity Member ID # _____

Member Phone # _____

Street _____

Apt Number: _____

City: _____ State: _____ Zip Code: _____

The above-named Member

- Kept her prenatal appointment within the required time frame stated above.
- Kept her postpartum visit within the required time frame stated above.

Obstetrician Name _____

Signature: _____ **Office Stamp/date:** _____

Fax # 718 794 7838

Mail form to:

Affinity Health Plan
Attention: Medical Management Department
Metro Center Atrium
1776 Eastchester Road
Bronx, NY 10461