

# Get a car seat or portable crib

for going to your prenatal checkups

## New Baby, New Life<sup>SM</sup>

### Your prenatal visits bring rewards

You may already know that seeing your doctor for prenatal visits is one of the most important things you can do for yourself and your growing baby.

But did you know that aside from good health, prenatal checkups may bring you another reward?

We'll send you a car seat or portable crib just for getting at least seven prenatal checkups — checkups you were going to go to anyway.

It's our way of saying thank you for taking even more steps to stay healthy.



We can translate this at no cost. Call the Member Services number on your member ID card.

Podemos traducir esta información sin costo. Llame al número de Servicios a Miembros que figura en su tarjeta de identificación de miembro.

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## It's easy!

Place a check beside the steps below as you complete them.

- Fill out the Member information section on this flier. Be sure to place a check beside Car seat or Portable crib so we know which one you would like.
- Bring this flier with you to your appointment. Have your doctor fill out and sign the Prenatal care information section. Your doctor must also write the dates of each prenatal visit and sign his or her name for each visit.
- Have your doctor's office fax the completed form to **1-855-270-9584**.

Once we receive the completed form, we'll verify your eligibility and send your car seat or portable crib. Your car seat or portable crib will be delivered to the address you write on the form.\*

*\*You must be an Anthem Blue Cross and Blue Shield Medicaid member at the time of service.*

*Be sure to place a check beside Car seat or Portable crib in the Member information section.*

### Member information

Member name: \_\_\_\_\_

Member street address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Anthem Medicaid ID number: \_\_\_\_\_

### Please check below whether you prefer a car seat or portable crib.

- Car seat       Portable crib

### Prenatal care information

Doctor's name: \_\_\_\_\_

Expected delivery date: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

**Date of prenatal visit 1:** \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Doctor's printed name and title: \_\_\_\_\_

Doctor's office phone: \_\_\_\_\_

**Date of prenatal visit 2:** \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Doctor's printed name and title: \_\_\_\_\_

Doctor's office phone: \_\_\_\_\_

**Date of prenatal visit 3:** \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Doctor's printed name and title: \_\_\_\_\_

Doctor's office phone: \_\_\_\_\_

**Date of prenatal visit 4:** \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Doctor's printed name and title: \_\_\_\_\_

Doctor's office phone: \_\_\_\_\_

**Date of prenatal visit 5:** \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Doctor's printed name and title: \_\_\_\_\_

Doctor's office phone: \_\_\_\_\_

**Date of prenatal visit 6:** \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Doctor's printed name and title: \_\_\_\_\_

Doctor's office phone: \_\_\_\_\_

**Date of prenatal visit 7:** \_\_\_\_\_

Doctor's signature: \_\_\_\_\_

Doctor's printed name and title: \_\_\_\_\_

Doctor's office phone: \_\_\_\_\_

*All requested information must be filled out to be eligible for the car seat or portable crib. Please fax completed form to **1-855-270-9584**.*