

**1st Trimester Prenatal care Incentive Form**

We know the 1st trimester prenatal care visit is very important for the growth of your baby. Please fill out the top portion of this form **and** have your doctor fill out the bottom portion of the form to receive a **\$30** Gift Card to Target from Kern Family Health Care in the mail.



9700 Stockdale Hwy  
Bakersfield CA, 93311  
1-800-391-2000

**Formulario de Incentivo de Cuidado Prenatal del 1º Trimestre**

Sabemos que la visita de cuidado prenatal en el primer trimestre es muy importante para el crecimiento de su bebé. Por favor complete la parte superior de este formulario **y** solicite a su doctor que complete la parte inferior del formulario para recibir por correo una tarjeta de regalo de Target por **\$30** de parte de Kern Family Health Care.

Member Information/  
Información de miembro

Date/Fecha

Name (Last, first, middle initial/ Nombre (apellido, primer nombre, inicial del segundo nombre)

KFHC Member ID #/  
Número de identificación del miembro de KFHC

Street address, City, ST, ZIP Code/  
Dirección, ciudad, estado, código postal

Date of Birth/Fecha de nacimiento

Primary phone number/Número de teléfono primario

**For Provider Administrative Use Only**

Please fill out this section of the form and hand back to the member to Mail or FAX to Kern Family Health Care. Provider may help the member FAX this form to expedite the incentive process.

Date Received

**Has Member completed a:**

1st Trimester Prenatal Care Visit: No Or Yes- On: \_\_\_/\_\_\_/\_\_\_

Expected Delivery Date: \_\_\_/\_\_\_/\_\_\_

Provider/Clinic name:

Provider Address:

Provider Phone #

Official Stamp Here:

Provider Official signature

Date

**Member Mail To:**

**Kern Family Health Care  
ATT: Health Education Department  
9700 Stockdale Hwy  
Bakersfield Ca, 93311**

**Member Fax To:**

**Kern Family Health Care  
ATT: Health Education Department  
(661) 617-2735**

Kern Family Health Care complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-391-2000 (TTY: 711)

Kern Family Health Care cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-391-2000 (TTY: 711)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-391-2000 (TTY: 711)。