

UPMC High Value Care for Kids Participation Form

To get your \$500 WePay Prepaid Mastercard[®], please complete ALL questions on this form. Be sure to review the questions below with your care coordinator, _____, in _____'s office, at _____, _____. Please submit this form by _____.

Member Name: _____ DOB ____ / ____ / ____

Parent/Guardian Name(s): _____ Relationship: _____

1. We want to know what you currently think will improve your child's health and well-being.

What do you plan to buy with the \$500 Prepaid Mastercard [®] ?	How do you think these items will improve health or well-being?
Items	
Equipment	
Services/Supports	

2. We want to learn about other needs your child may have.

If cost was not an issue (could be more than \$500), what else do you wish you could buy to improve 's health or well-being?	How do you think that will improve health or well-being?
Items	
Equipment	
Services/Supports	

3. Did your care coordinator help you complete this Participation Form: yes no

Confirm _____'s current address that the \$500 Prepaid Mastercard® should be mailed to:

Name: _____

Address: _____

Apartment: _____

City, State, ZIP: _____

Print name of the person filling this form:

Signature of the person filling this form:

_____ Date ___ / ___ / ___

Give this form to

or mail it to:

UPMC *for You*
 Attention: Medical Management
 U.S. Steel Tower, 41st Floor
 600 Grant Street
 Pittsburgh, PA 15219

Participation in the High Value Care for Kids program will end if no longer qualifies
for UPMC *for You* or changes health plans. will not be able to use any remaining
money on the Prepaid MasterCard after his or her health plan membership ends.

Participation in the High Value Care for Kids program is subject to eligibility requirements.
UPMC *for You* reserves the right to discontinue the program or your participation at any time.

**THIS NOTICE IS ALSO AVAILABLE IN
LARGE PRINT. CALL 1-800-286-4242.**

TOLL-FREE TTY#: 1-800-361-2629

Important information about health care benefits. Ask someone to read this to you or call UPMC *for You* at 1-800-286-4242.
Toll-free TTY # 1-800-361-2629.

关于医疗保健福利的重要信息。请找人为您阅读此信息或拨打UPMC *for You*的电话 1-800-286-4242。电传打字机 (TTY) 用户请拨打 1-800-361-2629。

ព័ត៌មានសំខាន់អំពីអត្ថប្រយោជន៍ពីការថែទាំសុខភាព។ សូមស្នើឱ្យនរណាម្នាក់អានឯកសារនេះឱ្យអ្នកស្តាប់ ឬទូរស័ព្ទ មក UPMC *for You* តាមរយៈលេខ 1-800-286-4242 ។ សំរាប់អ្នកប្រើប្រាស់ ម៉ាស៊ីន TTY សូមទូរស័ព្ទមកកាន់លេខ 1-800-361-2629 ។

Важная информация о пособиях в области здравоохранения. Попросите кого-либо прочесть эту информацию вам или позвоните в организацию UPMC *for You* по телефону 1-800-286-4242. Пользователи текст-телефонных устройств (TTY), пожалуйста, звоните по телефону 1-800-361-2629.

Información importante sobre los beneficios de atención médica. Pida a alguien que le lea esta información o llame a UPMC *for You* al 1-800-286-4242. Los usuarios de equipo teleescritor (TTY) pueden llamar al 1-800-361-2629.

Thông tin quan trọng về các phúc lợi chăm sóc sức khỏe. Hãy nhờ một người nào đó đọc thông tin này cho quý vị hoặc gọi UPMC *for You* ở số 1-800-286-4242. Người sử dụng TTY (điện thoại dành cho người khiếm thính hoặc khiếm ngôn), vui lòng gọi 1-800-361-2629.