

# UPMC High Value Care for Kids Purchase History Form

Each time you use the \$500 WePay Prepaid MasterCard, please use this form to track your purchases. Please explain if/how the purchase was helpful for your child. Please answer ALL questions below before returning this form with your receipt(s) or proof of purchase for all items or services that you got using the \$500 WePay Prepaid MasterCard. You can use the envelope enclosed with this letter or give it to your care coordinator, \_\_\_\_\_, in \_\_\_\_\_'s office, at \_\_\_\_\_.

Member Name: \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Questions about your purchases:**

What did you buy with the \$500 WePay Prepaid Mastercard®? (Please attach receipts for all purchases.)	Did it improve health or well-being, if so how?
<b>Items</b>	
<b>Equipment</b>	
<b>Services/Supports</b>	

(Over)

2. Did the \$500 help with any of the following? Please check all that apply.

- Help add comfort for your child
- Help improve your child's quality of life at home or school, with friends, or in community places
- Lessen the affect of out-of-pocket costs related to your child's care
- Improve or maintain your child's current condition
- Help with a future need for your child to encourage your child to be more independent
- Help with a change to adult care or adult life
- Getting health care services such as transportation, community resources
- Support caregivers in caring for your child

3. Overall, how satisfied were you with how this \$500 spending opportunity worked?

- Very satisfied    Satisfied    Somewhat satisfied    Not at all satisfied

4. How easy was it to decide what to spend the \$500 on?

- Very easy    Easy    A little difficult    Very difficult

5. How satisfied were you with your choices?

- Very satisfied    Satisfied    Somewhat satisfied    Not at all satisfied

6. What would have made this \$500 spending opportunity work better for you?

7. To what extent did \_\_\_\_\_ participate in the decision-making?

**Questions about your experience:**

8. Overall, how helpful was your care coordinator in this process?

- Very helpful    Helpful    A little helpful    Not helpful at all

9. How likely are you to contact your care coordinator for help with other questions or concerns you have about your child's health care?

- Very likely    Probably    Somewhat likely    Not at all likely

**Questions about your thoughts and ideas:**

10. What other medical needs does your child have that are not covered by his/her health insurance?

11. Are there better ways to provide care or services for your child that might result in lower costs in the long term?

12. Looking back, is there something else you wish you had used the \$500 for? If so, what?

13. Did your participation make you think differently about the costs and value of health care for your child? Please tell us what you think now.

14. Do you have any other comments about your experience?

Print name of the person completing this form: \_\_\_\_\_

Signature of the person completing 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。

ព័ត៌មានសំខាន់អំពីអត្ថប្រយោជន៍ពីការថែរក្សាសុខភាព ។ 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.