

Healthy Moms and Healthy Babies

Daim Ntawv Ntxov Mus Kuaj Kev Xeebtub



Rau Alliance Cov Tswvcuab Uas XEEBTUB Nkaus Xwb

Nyob Zoo Alliance Tus Tswvcuab,

Nco ntsoov xyuas kom koj tus menyuum mos-liab muaj kev nojqab haushuv! Nws tseemceeb heev uas koj yuav tau mus ntsib koj tus kws kho mob los kuaj **kev xeebtub** (thaum ib ce xeebtub). Nyob hauv cov kev mus ntsib no, koj tus kws khomob yuav los kuaj saib seb koj thiab koj tus menyuum mos-liab hauv plab puas nojqab haushuv. Nws tseem yuav xyuas kom koj tau mus kuaj tej yam uas tsimnyog yuav tau kuaj.

Cov pojniam uas nquag mus ntsib tus kws kho mob los kuaj ib ce xeebtub yuav muaj feem uas yuav yug tau cov menyuum mos-liab uas muaj kev nojqab haus huv dua. Nco ntsoov mus ntsib koj tus kws kho mob **thawj 13 lub asthiv uas koj xeebtub lossis tsis pub dhau 6 lub asthiv tom qab koj los ua ib tus tswvcuab hauv lub Alliance**. Yog tias koj ua li no, **koj yuav tau txais ib daim \$25 gift card** ntawm lub Alliance. No yog ib feem hauv peb txoj kev Muab Nqi Zog Rau Tswvcuab.

Ua thawj lub npov hauv qab ntawm daim ntawv no thiab nqa nrog koj mus thaum koj mus kuaj **kev xeebtub thawj zaug**. Koj tus kws kho mob yuav ua lub npov thib ob hauv qab thiab kos nws lub npe rau. Koj siv tau tus xov tooj xa ntawv (fax) lossis siv lub hnab xa rov tuaj los tau. Peb mamli xa daim gift card tuaj rau koj tom qab peb tau txais koj daim ntawv thiab paub tseeb tias koj mus ntsib tus kws kho mob lawm. Nws yuav siv sijhawm li 6 rau 8 lub hlis. Cov Tswvcuab uas muaj lwm hom kev fajseeb kho mob nrog rau Medi-Cal yuav txais tsis tau cov nqi zog rau cov tswvcuab.

**Yog koj muaj lus nug, thov hu rau peb Phab
Qhia Kev Noj Qab Haus Huv ntawm (800) 700-3874, ext. 5580.**

Alliance Tus Tswvcuab – Thov ua feem no (rau cov pojniam xeebtub nkaus xwb):

Npe: _____ Alliance ID# * : _____

Tus xovtooj: _____ Hnub Yug * : _____

Chaw Nyob: _____

Nroog: _____ Zip code: _____

Provider - Please fill out this section (for pregnant members only) and fax this completed form to (877) 793-8504. Provider payment is based on completion and submission of this form.

Today's Date * : _____ Estimated Date of Delivery * : _____

Date of Alliance member's first trimester prenatal visit: _____

Appointment scheduled for Tdap and Flu vaccines? Yes No

Recommended for pregnant women to receive the Tdap vaccine during the 27th through 36th week of each pregnancy.

Provider name: _____ Practice NPI# * : _____

_____ Phone number: _____

Provider signature or office stamp * : _____

* Required Information/ * Yuav Tsum Tau Teb Kom Txhij