



TOTAL HEALTH CARE, INC.

Total Health Care Immunization Incentive

Dear Provider,

Your patient has the chance to receive a \$10.00 gift card for getting all of their shots by the age of two. **Please complete the form along with a copy of the child's immunization record and mail or fax to:**

Pamela Street, Quality Improvement Analyst
Total Health Care, Inc.
3011 W. Grand Blvd., Suite 1600
Detroit, MI 48202
Phone: (313) 871-5258
Fax: (313) 748-1332

MEMBER INFORMATION

Name of Patient: _____

Date of Birth: _____

THC/Recipient ID #: _____

Address: _____

Apt #: _____

City/State/Zip Code _____

Phone: (_____) _____

Parent's Name: _____

PROVIDER INFORMATION

Office Name: _____

THC Provider ID #: _____

Phone: (_____) _____

Physician's Signature: _____

Date: _____

***Please complete this form completely and accurately so that Total Health Care can process the request in a timely manner. Thank you for your assistance in this important effort.**

***The child must be enrolled with Total Health Care to be eligible for the gift card.**