



## **2010 Blood Lead Test Voucher**

*Good for one \$25 Target® Gift Card!*

**Valid for HealthPartners Care members between 9 and 30 months of age.**

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail completed voucher to: **HealthPartners, Inc.**

**MS: 21103C**

**PO Box 1309**

**Minneapolis, MN 55440-8725**

*Clinic/Provider Use Only*

Lead Test Date: \_\_\_\_\_

Clinic or Location: \_\_\_\_\_

Signature: \_\_\_\_\_

**Gift cards will be sent within 4-5 weeks of receipt of voucher.**

Test must be completed within 2010. GP071024