



**To get the Safety Helmet, your child must:**

- ✓ Be a current Seton Health Plan member that receives an Initial Health Assessment or an annual Well Child Checkup within 90 days of enrollment to the plan.
- ✓ Be between the ages of 3 and 18

Please bring your insurance card and this filled out form to:



Simply Safety @ Strictly Pediatrics  
 1301 Barbara Jordan Blvd. | Austin, TX 78723  
 Hours: Tues-Thurs 10AM-3PM; Closed Mondays and Fridays  
 Phone Number: 512-324-0916

If you have any questions please call Seton Health Plan Customer Service at 1-877-451-5601.

| Child's Information  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
| Child's Name:  |                                     |                                     |
| Child's Date of Birth:   |                                     |                                     |
| Head of Household:   |                                     |                                     |
| Phone #:   | CELL PHONE <input type="checkbox"/> | HOME PHONE <input type="checkbox"/> |
| Member ID#:  | CHIP <input type="checkbox"/>       | STAR <input type="checkbox"/>       |
| Member's Address:  |                                     |                                     |
| City / State / Zip:  |                                     |                                     |
| Email:   |                                     |                                     |
| To be filled out by Medical Staff Only   |                                     |                                     |
| Doctor's Name:   |                                     |                                     |
| Doctor's NPI#:   |                                     |                                     |
| Doctor's Address:  |                                     |                                     |
| City / State / Zip:  |                                     |                                     |
| <input type="checkbox"/> Texas Health Steps <input type="checkbox"/> Well Child <input type="checkbox"/> Initial Health Assessment |                                     |                                     |
| Date of Exam:  |                                     |                                     |
| Child's Head Circumference:  |                                     |                                     |
| Doctor Phone #:  |                                     |                                     |
| Doctor Signature:  |                                     |                                     |

Filled out by **Simply Safety Staff ONLY:**

Redeemed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Coordinator: \_\_\_\_\_

May only redeem every 2 years

