

## HEALTH ACTION COUNCIL DISCOUNT VOUCHER

This voucher is redeemable for services at any MinuteClinic location for a 15% discount. MinuteClinic is the medical clinic inside CVS Pharmacy® or Target® stores.

PATIENT NAME \_\_\_\_\_

PATIENT'S SIGNATURE: \_\_\_\_\_

By signing this voucher, I certify that I am the original and intended recipient.

**EXPIRATION DATE: 12/31/22**

**PROVIDER: Processing Instructions Below.**



### What you should know before your visit

- MinuteClinic is open every day; schedule online or walk-in to make an appointment.
- To find a MinuteClinic nearest you and to schedule an appointment, please visit [minuteclinic.com](http://minuteclinic.com) or call 1.866.389.ASAP (2727).
- Adults and children, 18 months and older are eligible for most services
- This printed voucher along with valid photo identification is required at time of visit.
- This voucher can only be used at MinuteClinic and not CVS/pharmacy.

#### Important Notes:

MinuteClinic will not accept offers printed from unauthorized internet postings or reproductions, copies or facsimiles of this voucher/offer.

Age restrictions for some services may apply. Voucher must be surrendered at time of the screening. Voucher offer is void where prohibited by law. Limit one voucher per customer. No cash back.



### Registration Kiosk Instructions

- At the kiosk, scan the barcode below (either on the printout or on your mobile device)
- Continue with registration and select reason for visit
- Input your demographics
- Select "No" for using medical insurance
- Answer the acknowledgment and consents.
- When you have completed this, you'll be signed in.
- Show your printed or digital voucher to the provider upon entering the clinic for your visit

#### Barcode:



62-00000-3110-77

#### PROVIDER INSTRUCTIONS:

To confirm the patient's registration, go to "encounter Information" and "Visit Info" to confirm the following fields are correct:

- **Special Offer:** Health Action Council Discount Voucher.

#### MANUALLY INPUT:

- **Enter Chief Complaint.**
- **Collect payment from patient.**
- Scan voucher into Scans and Consents as Type "special offer", \and enter name of voucher in description field.