

# Your journey to parenthood



Molina Healthcare of Nevada is here to help you before your baby arrives! That's why we're celebrating our soon-to-be parents by hosting virtual baby showers throughout the year, and you're invited!

Select one of the following dates:

- Thursday, Feb. 22 (10-11:30 a.m.)
- Monday, Aug. 26 (11 a.m.-12:30 p.m.)
- Wednesday, May 8 (6-7:30 p.m.)
- Tuesday, Oct. 15 (4-5:30 p.m.)



Molina Healthcare of Nevada members will receive a \$100 gift card after attending!

## Baby essentials

Together, we'll have conversations about your benefits and what to expect as a new parent. We will also have games that celebrate the joys of parenthood.

## Register to join

Molina Medicaid members can join virtually. The event link and agenda will be provided after you register for the event.

To register:

- Complete the registration and send to:  
[nv\\_gce\\_team@MolinaHealthcare.com](mailto:nv_gce_team@MolinaHealthcare.com) or, mail to

Molina Healthcare of Nevada  
Community Engagement  
8329 W. Sunset Road Suite 100  
Las Vegas, NV 89113

Please send registration one week before your scheduled baby shower. Information you send back to Molina will be secured.

## Important information about this event

**Confidentiality:** *Please note that other Molina members and their guests are expected to attend the Baby Shower. Any health or other personal information you share during the baby shower, such as the fact that you or a family member are pregnant, will be disclosed to all persons participating in the event. Molina cannot control the use of any health or other personal*

information shared by you during this call. Only current Molina members are eligible for the baby shower incentive of a single \$100 gift card for this benefit. In order to qualify for the incentive, the member must attend the entire duration of the event and fill out the survey after the event. Incentive will be sent out by mail, please make sure to fill in your most current address.

## Molina virtual baby shower registration

First name\* \_\_\_\_\_

Last name\* \_\_\_\_\_

Medicaid ID number: \_\_\_\_\_

OBGYN provider: \_\_\_\_\_

Member email address\* \_\_\_\_\_

Member phone number\* \_\_\_\_\_

Member mailing address\* \_\_\_\_\_

City\* \_\_\_\_\_

Zip code\* \_\_\_\_\_

Are you bringing a guest?\* (up to two guests are allowed) \_\_\_\_\_

Guest name (s) (optional) \_\_\_\_\_

Due date (optional) \_\_\_\_\_

Please select the virtual baby shower you would like to attend:

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