



701 Gateway Blvd., Suite 400  
 South San Francisco, CA 94080  
 TEL (650) 616-0050  
 FAX (650) 829-2009  
[www.hpsm.org](http://www.hpsm.org)

**Pay for Performance Materials Order Form**

Please fax this order form to (650) 829-2009. If you have questions, call (650) 616-2169.

Provider Name:	Date:
----------------	-------

Mailing Address:

Pay for Performance Materials	Quantity
Asthma Action Plan	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese
BMI Form – Adult	
BMI Form – Pediatrics	
Weight-for-length Percentile Charts (0-3 yrs.)	
Pediatric Growth Charts – 2-20 yrs.	<input type="checkbox"/> Boys <input type="checkbox"/> Girls
“Managing Your Weight” Brochure	<input type="checkbox"/> English <input type="checkbox"/> Spanish
Form: PCP Verification of OB-GYN Referral	
Form: OB-GYN Verification of Prenatal Appointment	
Health Education Class Schedule	
Coding Tip Sheet for Initial Health Assessment Visits	
Coding Tip Sheet for Child & Adolescent Well Visits	
Incentive Fast Guide	