

# 2022 Molina Rewards Program

## Apple Health Member Form Adolescent and Adult Combined

Now it's easier than ever to get your Molina Healthcare wellness rewards! Simply fill out this form (both sides) and send it to Molina. Instructions are on the back side.

All Molina Apple Health (Medicaid) members who meet the criteria and complete the screening(s) below can earn a **\$25-\$100 Amazon.com Gift Card!** These important health screenings are covered by Molina – at no cost to you.

**What visit did you have?**  **Check it below!**

### Chlamydia Screening

- Chlamydia Screening:** Women between the ages of 16-24 who get a chlamydia screening can earn a **\$25 Amazon.com Gift Card.**

**Date of Visit:** \_\_\_\_\_ **Provider Name:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

### Cancer Screenings

- Breast Cancer Screening:** Women between the ages of 50-74 who get a mammogram can earn a **\$25 Amazon.com Gift Card.**

**Date of Visit:** \_\_\_\_\_ **Provider Name:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

- Cervical Cancer Screening:** Women between the ages of 21-64 who get a Pap smear or HPV test can earn a **\$25 Amazon.com Gift Card.**

**Date of Visit:** \_\_\_\_\_ **Provider Name:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

### Diabetes Screenings

- Diabetic Eye Exam:** Diabetic members between the ages of 18-75 who get a diabetic eye exam can earn a **\$25 Amazon.com Gift Card.**

**Date of Visit:** \_\_\_\_\_ **Provider Name:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_

Check this box if this was a telehealth visit (a video visit or a phone call visit).

- Diabetic HbA1c Test:** Diabetic members between the ages of 18-75 who get a HbA1c test with a result less than 8 can earn a **\$25 Amazon.com Gift Card.**

**Date of Visit:** \_\_\_\_\_ **Provider Name:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_ **HbA1c Test Result:** \_\_\_\_\_

Check this box if this was a telehealth visit (a video visit or a phone call visit).

### Maternity Rewards

- Prenatal Visit:** Visit your provider during the first 3 months of your pregnancy or within 42 days of joining Molina and earn a **\$100 Amazon.com Gift Card.**

**Please turn over to complete the form →**



Your Extended Family.

Date of Visit: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Weeks Pregnant at Visit: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Check this box if this was a telehealth visit (a video visit or a phone call visit).

- Postpartum Visit:** Visit your provider between 7 and 84 days after you have your baby and earn a **\$50 Amazon.com Gift Card.**

Date of Delivery: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Check this box if this was a telehealth visit (a video visit or a phone call visit).

### TO RECEIVE YOUR REWARD:

Please COMPLETE the ENTIRE FORM (both sides). Print clearly and send it back to Molina in any of the following ways:

#### Mail

Molina Healthcare  
Attn: Quality Team  
P.O. Box 4004  
Bothell, WA 98041-4004

#### Email

MHW\_QI\_Interventions@MolinaHealthcare.com

#### Fax

Attn: Molina Quality Team at (800) 461-3234

#### Phone

Call us at (800) 869-7175, ext. 141428, and provide details of the visit you have completed

Name\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_

ProviderOne ID#\*: \_\_\_\_\_ (You can find this # on your ProviderOne ID card.  
It is a 9-digit number that looks like this: 123456789WA.)

Email Address\*: \_\_\_\_\_  
(We need your email address to let you know when your gift card is ready.)

#### \* Required to be filled out.

If you DO NOT have an email address, please provide your mailing address and we will mail your gift card.

Mailing Address: \_\_\_\_\_ Unit: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If you have questions, call (800) 869-7175, ext. 141428, or email MHW\_QI\_Interventions@MolinaHealthcare.com.

**Note:** To earn reward(s), you must have Molina Healthcare of Washington as your primary insurance at the time service was given. You must complete the service during calendar year 2022. Services done prior will not be eligible for a reward. Reward forms must be submitted by January 31, 2023. Please allow 2-8 weeks after your visit(s) have been confirmed to receive your reward notice. If you need help scheduling an appointment with a health care provider, please call Molina Member Services at (800) 869-7165 (TTY: 711).

Molina Healthcare of Washington, Inc. ("Molina") complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity or sexual identity. You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost.

English ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-869-7165 (TTY: 711).

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-869-7165 (TTY: 711).

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-869-7165 (TTY : 711)。

Health Rewards can change without notice.  
Restrictions apply, see amazon.com/gc-legal.