

# 2022 Molina Rewards Program

## Apple Health Member Form

### Cervical Cancer Screening

Complete your cervical cancer screening and earn a **\$25 Amazon.com Gift Card!** This important health screening is a covered Molina Healthcare benefit – at no cost to you.

Women between the ages of 21-64 are eligible for the reward for completing either a Pap smear or an HPV test. When done regularly, these tests help detect cervical cancer before you have symptoms and before it spreads (when it's easier to treat). An HPV test is done to see if HPV, the virus that causes cervical cancer, is present.

#### Tell Us About Your Visit and Earn a \$25 Amazon.com Gift Card!

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

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

#### TO RECEIVE YOUR REWARD:

Please COMPLETE the ENTIRE FORM. 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\*:** \_\_\_\_\_

**DOB\*:** \_\_\_\_\_

**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.



Your Extended Family.

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**Note:** To earn the reward, 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 the visit has 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](https://amazon.com/gc-legal).