

2022 Molina Rewards Program

Apple Health Member Form

Diabetes Screening

All diabetic members between the ages of 18-75 are eligible for up to a **\$50 Amazon.com Gift Card** for completing diabetic tests. These important tests are covered Molina Healthcare benefits - at no cost to you.

Members with uncontrolled diabetes are at a higher risk for heart attack, stroke, vision problems and kidney failure, so regular diabetic tests are very important.

Tell Us About Your HbA1c Test with a Value Less Than 8 and Earn a \$25 Amazon.com Gift Card!

Was this a telehealth visit (a video visit or a phone call visit)?

Yes **No**, I had an in-person visit

Date of Test: _____ **Provider Name:** _____

Clinic Name: _____ **HbA1c Test Result:** _____

Tell Us About Your Diabetic Eye Exam and Earn a \$25 Amazon.com Gift Card!

Was this a telehealth visit (a video visit or a phone call visit)?

Yes **No**, I had an in-person visit

Date of Visit: _____ **Provider Name:** _____

Clinic Name: _____

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

Please turn over to complete the form →



Your Extended Family.

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.

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.