

2022 Molina Rewards Program

Apple Health Member Form

Childhood Immunizations

Make sure your child gets all required shots before turning 2 years old and earn a **\$50 Amazon.com Gift Card!** These important shots are covered Molina Healthcare benefits – at no cost to you.

Immunizations (shots) are a safe way to keep your child healthy.

If your child gets all the immunizations listed below before turning 2 years old, please fill out this form and return it to us with a copy of the immunization record to get a \$50 Amazon.com Gift Card:

- ✓ 4 Shots for Diphtheria (DTaP)
- ✓ 4 Shots for Pneumococcal (PCV)
- ✓ 3 Shots for Polio (IPV)
- ✓ 3 Shots of Haemophilus Influenzae Type B (HiB)
- ✓ 3 Shots for Hepatitis B (Hep B)
- ✓ 2 or 3 Shots for Rotavirus (RV)
- ✓ 2 Shots for Influenza (flu)
- ✓ 1 Shot for Hepatitis A (Hep A)
- ✓ 1 Shot for Chickenpox (VZV)
- ✓ 1 Shot for Measles, Mumps, and Rubella (MMR)

Yes, my child got all the above immunizations before turning 2 years old.

Parent/Guardian's Name: _____

Date of Last Immunization (Shot): _____

Provider Name: _____

Clinic Name: _____

**If your child saw more than one provider, you only need to write down one of the providers seen and their respective clinic name.*

Please turn over to complete the form →



Your Extended Family.

TO RECEIVE YOUR REWARD:

Please COMPLETE the ENTIRE FORM (both sides). Print clearly and send it back to Molina with a copy of the immunization record 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 that was completed

Name*: _____

DOB*: _____

ProviderOne ID#*: _____ (You can find this # on your child's 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 child's 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 child's 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, your child must have Molina Healthcare of Washington as their primary insurance at the time service was given. They 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 visits have been confirmed to receive the reward notice. To redeem your child's reward, you will need to create a MyMolina account with your child's Molina Member ID. Go to MyMolina.com to create an account. Please call Molina Member Services at (800) 869-7165 (TTY: 711) with questions or for help scheduling appointments.

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.