

2023 Molina Rewards Program

Apple Health Member Form

3-11 Year Well-Care Visits

Take your child in for a well-care visit yearly between the ages of 3-11, and they can earn a **\$25 Walmart or CVS gift card** each year! This important health visit is a covered Molina Healthcare benefit – at no cost to you.

Well-care visits are important to monitor your child's growth and development. During these visits their health care provider can give helpful guidance and any needed immunizations (shots) and tests.

Tell Us About Your Child's Visit and Earn a \$25 gift card!

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

Yes **No**, it was an in-person visit

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

Clinic Name: _____

TO RECEIVE YOUR CHILD'S 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 our voicemail box at (866) 325-5173 and provide details of the visit your child has completed

Please select which gift card you would like: Walmart CVS

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, leave us a message at (866) 325-5173 and we will call you back, or email MHW_QI_Interventions@MolinaHealthcare.com.



Your Extended Family.

Turn page over →

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 2023. Services done prior will not be eligible for a reward. Reward forms must be submitted by January 31, 2024. Please allow 2-6 weeks after the visit has been confirmed to receive the reward notice. 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 and vary by retailer.