Neighborhood Health Plan OF RHODE ISLAND™

ACCESS

Children (Ages 18 months – 12 years old)

Neighborhood REWARDS Form – Healthy Behaviors

Today's Date: _____

IMPORTANT INFORMATION ABOUT GETTING YOUR REWARDS:

- You must be a Neighborhood Health Plan of Rhode Island ACCESS member for 3 months in a row when we receive this form.
- Please fill out this form with your provider's office. Your provider must be in our network.
- If you cannot download the form call Neighborhood Member Services at **1-800-459-6019** and we will mail it to you.
- You can receive a $25 Walmart gift card for each service listed below that you qualify for.
- You can only get a reward for each behavior once a year or every 12 months.
- You should get your reward 6-8 weeks from when we receive this form.
- Please fill out a separate form for each member.
- **We will not process your request unless you complete this form, have it signed by your provider office and send it to us.**

MEMBER INFORMATION
(Member receiving service/reward)

Name: _____

Member ID #: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

Signature (Parent/Guardian Signature):

_____

PROVIDER OFFICE INFORMATION

Name: _____

Provider Office to fill out and sign where noted below.

Eligible Members	Provider Office to fill out
Kids – 18 month old well visit	☐ Had 18 month old check-up with PCP Date of visit:
Kids – By their second birthday	☐ Had 1 blood Lead screening test by his / her second birthday. Date of visit:
Kids - By their second birthday	☐ Completed all of their recommended shots by his/her second birthday Date of visit:
Kids, ages 3-12	☐ Had a yearly check-up with PCP Date of visit:
Members with any type of asthma	☐ Completed an asthma action plan Date of visit:
Members with diabetes	☐ Completed 3 routine diabetes screenings in 1 calendar year: 1 HbA1c test 1 urine test 1 blood pressure test

Provider Office Signature: _____

Print Name: _____

Date: _____

Please mail this form to:

Neighborhood Health Plan of Rhode Island,
Attn: Member Services
910 Douglas Pike
Smithfield, RI 02917
Or fax to: 1-401-709-7090

Approved #2955, 8/25/2020