

Teens and Adults (Ages 13 +) 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 or TRUST member for 3 months in a row when we receive this form.
- If you cannot download the form call Neighborhood Member Services at 1-800-459-6019 and we will mail it to you.
- Please fill out this form with your provider's office. Your provider must be in our network.
- You can receive a \$25 Walmart gift card for each service listed below that you qualify for.
- You can only request 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:			
Marric.			

Date:

Provider Office to fill out and sign where noted below.

Eligible Members	Provider Office to fill out
Adults ages 13 +	☐ Had a yearly check-up with PCP Date of visit:
Mammogram (Breast Cancer Screening)	☐ Women 40 + years old had a mammogram. 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 test1 urine test1 blood pressure test

Questions? Call us at 1-800-459-6019 (TTY 711)

Print Name:	Provider Office Signature:	
	Print Name:	

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