Neighborhood Health Plan OF RHODE ISLAND™

TEENS (Ages 13 – 18)

ACCESS

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 request a reward for each service listed below that you qualify for (there may be more than one reward).
- 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 NPI #_____

Provider Office to fill out and sign where noted below. Member chooses reward where noted below.

Eligible Members	Provider Office to fill out	Member to choose only one reward
Teens, ages 13-18	☐ Had a yearly check-up with PCP ___/____/____ (date of visit)	$25 gift card to: ☐ Walgreens ☐ Walmart ☐ iTunes
Members with any type of asthma	☐ Completed an asthma action plan ___/____/____ (date of visit)	$25 gift card to: ☐ Walgreens ☐ Walmart ☐ iTunes
Members with diabetes	☐ Completed 5 routine diabetes screenings in 1 calendar year: • 2 HbA1c tests • 1 urine test • 1 blood pressure test • 1 foot exam	$25 gift card to: ☐ Walgreens ☐ Walmart ☐ iTunes

Provider Office Signature_____

Print name_____ Date _____ / _____ /_____

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

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