



Molina Healthcare Rewards Program: 3-19 year well-care visits

To receive your \$25 gift card, tell us about your child, teen or young adult’s checkup. You must complete the entire form.

Child/Teen/ Young Adult’s Name:	DOB:
AHCCCS ID#:	Email:

(9-digit number on back of your child’s AHCCCS ID card)

Was this a telehealth visit (video or phone call)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, it was in person
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Provide dates and provider info for the well-care visit

Date of visit	Provider name	Provider clinic name

Please note: If you don’t have an email address, please provide your mailing address. We will mail your child’s gift card to you.

Mailing address: _____

City: _____

State: _____

ZIP Code: _____

Home Phone: _____

Cell Phone: _____

Gift card choices (please select one): Safeway Fry’s CVS

Send the completed form to us by email: Take a picture of the completed form with your smart phone and email the picture to MEIRewards@molinahealthcare.com

If you have questions, email MEIRewards@molinahealthcare.com or call (833) 982-1452.

Note: To earn the reward, your child must have Molina Healthcare (Molina) 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 December 5, 2023.** Please allow 8-12 weeks after the visits have been confirmed to receive the reward notice. Please call Molina Member Services at (800) 424-5891 with questions or for help scheduling appointments.