

2022 Molina Rewards Program

Apple Health Member Form

30 Month Well-Child Visits

Take your child in for six well-child visits in the first 15 months of life AND two well-child visits between 15 and 30 months to earn a **\$50 Amazon.com Gift Card** for completing all 8 visits! This important health screening is a covered Molina Healthcare benefit – at no cost to you.

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

Below is the recommended well-child visits and immunization schedule for children up to 30 months old.

| Birth | 3-5 Days | 2 Months | 4 Months | 6 Months | 9 Months | 12 Months | 15 Months | 18 Months | 23 Months | 30 Months | |
|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|
| Well-Child Visit | |
| | | | | Influenza | |
| Hep B | | Hep B | | Hep B | | | | | | | |
| | | Rotavirus | Rotavirus | Rotavirus | | | | | | | |
| | | DTaP | DTaP | DTaP | | DTaP | | | | | |
| | | HiB | HiB | HiB | | HiB | | | | | |
| | | PCV | PCV | PCV | | PCV | | | | | |
| | | IPV | IPV | IPV | | | | | | | |
| | | | | | | MMR | | | | | |
| | | | | | | Varicella | | | | | |
| | | | | | | Hep A | | | | | |

Shaded boxes indicate shots that can be given during the specified age range.

Tell Us About Your Child's Visits and Earn a \$50 Amazon.com Gift Card!

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

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

Dates of Visits for First 15 Months of Life

Visit 1: _____ Visit 4: _____

Visit 2: _____ Visit 5: _____

Visit 3: _____ Visit 6: _____

Dates of Visits for 15 to 30 Months

Visit 7: _____ Visit 8: _____

Provider Name: _____

Clinic Name: _____

*If your child saw more than one provider, you only need to write down one of the providers seen and their respective clinic name.

Please turn over to complete the form →

TO RECEIVE YOUR REWARD:

Please COMPLETE the ENTIRE FORM (both sides). Print clearly and send 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 us at (800) 869-7175, ext. 141428, and provide details of the visits your child has completed

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.)

EmailAddress*: _____
(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, call (800) 869-7175, ext. 141428, or email MHW_QI_Interventions@MolinaHealthcare.com.

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 2022. Services done prior will not be eligible for a reward. Reward forms must be submitted by January 31, 2023. Please allow 2-8 weeks after the visits have been confirmed to receive the reward notice. To redeem your child's reward, you will need to create a MyMolina account with your child's Molina Member ID. Go to MyMolina.com to create their account. 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, see amazon.com/gc-legal.