2022 Molina Rewards Program

Apple Health Member Form Chlamydia Screening

Women between the ages of 16-24 can earn a **\$25 Amazon.com Gift Card** if they have a chlamydia screening! This important health screening is a covered Molina Healthcare benefit – at no cost to you.

Tell Us About Your Screening and Earn a \$25 Amazon.com Gift Card!

People who have chlamydia may have no symptoms, so annual screenings are important to check if there is an infection.

Date of Visit:	Provider Name:	
Clinic Name:		
TO RECEIVE YOUR REWARD:		
Please COMPLETE the ENTIRE FORM.	Print clearly and send it back to Molina in any of the foll	owing ways:
Mail Molina Healthcare Attn: Quality Team P.O. Box 4004 Bothell, WA 98041-4004	Email MHW QI Interventions@MolinaHealthcar	ecom
	Fax Attn: Molina Quality Team at (800) 461-32	
	Phone	.04
	Call us at (800) 869-7175, ext. 141428, and details of the visit you have completed	d provide
Name*:		
	(You can find this # on your ProviderOne ID card	
	It is a 9-digit number that looks like this: 12	3456789WA.
Email Address*:		
(We nee	ed your email address to let you know when your gift co	ard is ready.
* Required to be filled out	t.	
f you DO NOT have an email address,	please provide your mailing address and we will mail you	ur gift card.
Mailing Address:	Unit:	
City:	State: Zip Code:	
	Cell Phone:	

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email MHW_QI_Interventions@MolinaHealthcare.com.



Note: To earn the reward, you must have Molina Healthcare of Washington as your primary insurance at the time service was given. You 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 visit has been confirmed to receive your reward notice. 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) o

Health Rewards can change without notice. Restrictions apply, see amazon.com/gc-legal.