

Children (Birth to 18 Years Old)

Special COVID-19 Immunization Catch-up Program

Member REWARD Forms July 1, 2020 – June 30, 2021

Today's Date: _____

IMPORTANT INFORMATION ABOUT GETTING YOUR REWARDS:

- You must be a Neighborhood Health Plan of Rhode Island ACCESS member for 3 months in a row when we receive this form.
- Please fill out this form with your provider's office. Your provider must be in our network.
- If you need additional forms, call Neighborhood Member Services at 1-800-459-6019 and we will mail them to you.
- You can request a reward each time you receive the service listed below that you qualify for.
- 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.

Eligible Members	Provider Office to fill out	Member REWARD
Kids— Birth to 18yo	<input type="checkbox"/> Received any missed recommended immunizations (shots) Date of visit:	\$25 gift card to Walmart

Provider Office Signature: _____

Print Name: _____

Date: _____

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