



Health Plan

[www.clearhealthalliance.com/member](http://www.clearhealthalliance.com/member)



Dear Member's Parent/Guardian:

**Thank you for your interest in our Well Child Visits (WCV2) Healthy Behaviors Rewards Programs.** You're getting this mailing because your child's case manager or doctor referred your child, you referred your child or you've found this on our website. Your child's health is important to us. We will support and reward our members for taking steps to better their health through our programs.

There are two separate WCV2 programs your child can join. Each program has different steps to follow to earn a reward. Read the program forms attached for details. You can enroll your child in one or both WCV2 programs if and when you like. It's your choice. When you're ready, just tell your child's case manager or doctor when you want to enroll your child in a program.

When your child completes each program, they will get a gift card reward!

**Want to enroll your child?** Send us an enrollment form. To enroll in another program later, send us this form again. Download a copy from our website, [www.clearhealthalliance.com/member](http://www.clearhealthalliance.com/member).

**Then, follow these steps:**

1. See your child's doctor and follow the plan for each program in which you've enrolled your child.
2. Fill out the form for each program in which you've enrolled your child. Also, have your child's doctor sign the form.
3. Let us know your child completed their program. Send the form to us in one of these ways:
  - Mail: CHA Healthy Behaviors Programs, 9250 W. Flagler St., Ste. 600, Miami, FL 33174-3460
  - Fax: 1-855-329-5289
  - Email: [HealthyBehaviors@simplyhealthcareplans.com](mailto:HealthyBehaviors@simplyhealthcareplans.com)

**Have questions or need help?** Call us at 1-844-406-2398 (TTY 711) or email us at [HealthyBehaviors@simplyhealthcareplans.com](mailto:HealthyBehaviors@simplyhealthcareplans.com).

Enclosures:      Enrollment form  
                         Program forms  
                         Nondiscrimination notice  
                         Get help in another language



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Well Child Visits Healthy Behaviors Rewards Programs Enrollment Form

Please fill out and sign this form to enroll your child in one or both Well Child Visits (WCV2) Healthy Behaviors Rewards Programs. For each program you want to enroll in, place a checkmark in the Yes, I want to enroll! table column below.

Note: Children must be 2-20 years old to be qualified to enroll in these programs.

Table with 4 columns: Yes, I want to enroll!, Program, Description, Gift card. Rows include WCV2-1 and WCV2-2 programs.

Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

Please tell us how to contact you.

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Primary parent/caregiver name (if applicable): \_\_\_\_\_

How would you like us to contact you? (Check all that apply. Contact your child's case manager to disenroll from these communications at any time.) [ ] Call [ ] Text [ ] Email

Sign your child's name \_\_\_\_\_ Date \_\_\_\_\_

Send us this signed form in one of these ways:

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Congratulations for taking a step toward better health for your child!



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**Well Child Visits Healthy Behaviors Rewards Program 1 Form**

After you've enrolled your child in the program:

1. Take your child to their doctor for one well-child visit. If your child has already had this visit in the last 12 months, skip to step #2.
2. Sign below. Ask your child's doctor to sign, too. Also, ask the doctor to send the claim to CHA.

Sign your child's name \_\_\_\_\_ Date \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

3. Send us this signed form in one of these ways:
  - Mail: CHA Healthy Behaviors Programs, 9250 W. Flagler St., Ste. 600, Miami, FL 33174-3460
  - Fax: 1-855-329-5289
  - Email: [HealthyBehaviors@simplyhealthcareplans.com](mailto:HealthyBehaviors@simplyhealthcareplans.com)

**Then, get a reward certificate in the mail! You will use it to order your child's \$20 gift card.**

Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

**Note:** Once your child is enrolled in this program, the steps listed above must be completed within 12 months to earn the reward.

**We want to stay in touch. Please tell us how to reach you.**

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Street address City State ZIP code

Primary parent/caregiver name (if applicable): \_\_\_\_\_



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**Well Child Visits Healthy Behaviors Rewards Program 2 Form**

After you've enrolled your child in the program:

1. Take your child to their doctor for all shots recommended for your child's age. If your child has already gotten these shots in the last 12 months, skip to step #2.
2. Sign below. Ask your child's doctor to sign, too. Also, ask the doctor to send the claim to CHA.

Sign your child's name \_\_\_\_\_ Date \_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

3. Send us this signed form in one of these ways:

- Mail: CHA Healthy Behaviors Programs, 9250 W. Flagler St., Ste. 600, Miami, FL 33174-3460
- Fax: 1-855-329-5289
- Email: [HealthyBehaviors@simplyhealthcareplans.com](mailto:HealthyBehaviors@simplyhealthcareplans.com)

**Then, get a reward certificate in the mail! You will use it to order your child's \$50 gift card.**

Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

**Note:** Once your child is enrolled in this program, the steps listed above must be completed within 12 months to earn the reward.

**We want to stay in touch. Please tell us how to reach you.**

Member name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Member ID #: \_\_\_\_\_ Cellphone number: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Street address City State ZIP code

Primary parent/caregiver name (if applicable): \_\_\_\_\_