



PROVIDER REFERRAL FORM Healthy Behaviors Rewards Program

I would like to refer the member named below to one or more of the Healthy Behaviors Rewards Programs. I have checked the name of the member I would like to refer.

Please print or type:

Provider Name:
Provider Telephone:
Provider Fax:
Provider E-Mail:

Please check one or more programs that you believe will benefit the member listed below:

- Alcohol and Drug Abuse Healthy Behaviors Rewards Program
- Maternity Healthy Behaviors Rewards Program
- Quit Smoking and Using Tobacco Healthy Behaviors Rewards Program
- Weight Management Healthy Behaviors Rewards Program (BMI \geq 30)
- Well Child Visits Healthy Behaviors Rewards Program

Member Information (Please print or type):

Member Name:
Member Telephone:
Member Street Address:
Member City, State, Zip:

EMAIL COMPLETED FORM TO:
HEALTHYBEHAVIORS@SIMPLYHEALTHCAREPLANS.COM
OR FAX TO: 1-855-329-5289

Do you have **questions**? Phone 1-800-887-6888 Fax 1-855-329-5289
Email: HealthyBehaviors@simplyhealthcareplans.com

