



## Earn rewards for healthy behavior

If you are a CarePartners of Connecticut member, you can earn this reward for getting services that help you stay healthy in calendar year 2020.

### Complete and submit proof of your healthy behavior

Complete 5 routine diabetes healthy behaviors in 2020, submit proof by 11/30/2020, and we will send you a \$75 gift card. Make sure you are a CarePartners of Connecticut member when you receive services. The healthy behaviors include:

- 1 blood pressure check
- 1 retinal eye exam
- 1 urine protein test
  - 2 hemoglobin (A1c) tests (blood sugar level)

## After completing all 5 heathy behaviors, follow the steps below to request your Healthy Behavior Reward:

- 1. Services must be completed in calendar year 2020 and submitted by 11/30/2020.
- 2. Print and fill out the Member Information section of the form on the next page.
- 3. Ask your primary care provider (PCP) or specialist to fill out the Provider Information section, check the service you received, fill in the date, and sign the form.
- **4.** Select the reward card you would like to receive (either Target or Walmart).
- **5.** Make a copy of the Healthy Behavior Reward Form for your records.
- 6. Mail or fax us the completed form by 11/30/2020.



Attn: MS# 75—CPCT Rewards Coordinator CarePartners of Connecticut P.O. Box 9164 Watertown, MA 02471



(a) Fax: 1-617-673-0782



# 2020 Healthy Behavior Reward Form

mber Information	n		
First name	M.I. L	_ast name	Member ID number
Street address		City	State ZIP code
Phone	Ema	il	
Please select your preferr	ed reward card:	○ <b>⊙</b> TARGET	<b>◯</b> Walmart <mark>;</mark>
P/Specialist Info	mation (to b	e completed b	oy Provider)
lame			Provider ID number
Street address		City	State ZIP code
Phone	Email		
Medical group			
riedical group			Mambara plaza mail
			Members, please mail this form to:
Healthy Behavior Service Received Da		Date of Serv	
Blood pressure check		/ /	Coordinator CarePartners of Connecticut
Retinal eye exam		/ /	
7 Urino protoin tost		/ /	Watertown, MA 02471

☐ Hemoglobin (A1c) test/blood sugar level (#1)

☐ Hemoglobin (A1c) test/blood sugar level (#2)

PCP/Specialist signature Date

Or, fax this form to:

1-617-673-0782

**Questions?** 

Call us at **1-857-304-8024** (TTY: 711)