



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 urine protein test
- 1 retinal eye exam
- 2 hemoglobin (A1c) tests

After completing all 5 healthy 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



Fax: 1-617-673-0782

Member Information

First name	M.I.	Last name	Member ID number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street address		City	State	ZIP code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Email			
<input type="text"/>	<input type="text"/>			

Please select your preferred reward card: ☐  **TARGET** ☐  **Walmart**

PCP/Specialist Information (to be completed by Provider)

Name	Provider ID number			
<input type="text"/>	<input type="text"/>			
Street address	City	State	ZIP code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone	Email			
<input type="text"/>	<input type="text"/>			

Medical group

Healthy Behavior Service Received	Date of Service
<input type="checkbox"/> Blood pressure check	<input type="text"/>
<input type="checkbox"/> Retinal eye exam	<input type="text"/>
<input type="checkbox"/> Urine protein test	<input type="text"/>
<input type="checkbox"/> Hemoglobin (A1c) test (#1)	<input type="text"/>
<input type="checkbox"/> Hemoglobin (A1c) test (#2)	<input type="text"/>

PCP/Specialist or Designee signature	Date
<input type="text"/>	<input type="text"/>

Members, please mail this form to:

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

Or, fax this form to:

1-617-673-0782

Questions?

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