



# Preventive Care Rewards Verification Form

To earn rewards, complete the following preventive care screenings. All screenings must be completed while enrolled as a Clever Care member.

Member Name: (First Name, Last Name)		Member ID:
Date of birth:	Email:	Phone:

## Check the box of the wellness activity completed.

<input type="checkbox"/> <b>Health Risk Assessment</b>		
Date completed:		<b>\$20 reward</b>

<input type="checkbox"/> <b>Welcome to Medicare Visit</b> (new Medicare beneficiary only)	<b>OR</b>	<input type="checkbox"/> <b>Annual Wellness Visit</b> (current Medicare beneficiary)	
<b>Select one:</b> <input type="checkbox"/> Doctor visit <input type="checkbox"/> Telehealth <input type="checkbox"/> At-home Wellness Check			
Date of visit/screening:	Doctor name:		<b>\$50 reward</b>
<b>Note:</b> Only eligible for one reward every benefit year.			

<input type="checkbox"/> <b>RSV Vaccine</b>		
Date of visit:	Doctor name:	<b>\$10 reward</b>

<input type="checkbox"/> <b>Flu Vaccination</b>		
Date of visit:	Doctor name:	<b>\$10 reward</b>

<input type="checkbox"/> <b>COVID-19 Vaccination</b>		
Date of visit:	Doctor name:	<b>\$10 reward</b>

<input type="checkbox"/> <b>Fall Risk Assessment, Incontinence, Physical Activity</b>		
Date of screening:	Doctor name:	<b>\$20 reward</b>

<input type="checkbox"/> <b>Diabetic eye exam</b>		
Date of visit:	Doctor name:	<b>\$30 reward</b>

**Post-hospitalization visit** (must complete within 30 days of discharge)

Date of discharge:

Date of post-hospitalization visit:

**\$50 reward**

Doctor name:

**Diabetic Screening Measures** (must complete HbA1c and Urine test to qualify)

**HbA1c**

**Urine test (uACR and eGFR)**

Date of visit:

Date of visit:

**\$25 reward**

Doctor name:

**Mammogram Screening**

Date of screening:

Clinician/Doctor name:

**\$50 reward**

**Annual colon cancer screening**

Date of test:

Doctor name:

**\$25 reward**

**Test Completed:**

Colonoscopy    Sigmoidoscopy    CT colonography    FIT-DNA

Fecal Occult Blood Test (FOBT)

**I, the patient's doctor, hereby attest and verify that I performed the completed wellness activities noted above.**

Doctor signature:

Print name:

Date:

**I, the Clever Care member, hereby attest and verify that I have completed the requirements for the wellness reward activities noted above.**

Member signature:

Date:

**Reward details:**

Reward amount will be added to your flex Mastercard® approximately 4–6 weeks upon receipt and can be used towards fitness activities, herbal supplements, OTC items, and grocery allowance. All wellness activities and tests must be performed during the current benefit year to qualify for the reward incentive. All unused reward amounts will expire December 31, 2025.

**You may only receive one reward for each wellness activity completed during the current benefit year.**

For additional information regarding Clever Care's preventive care rewards, please refer to the attached FAQ, or call Member Services at (833) 388-8168 (TTY: 711) 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30.

# Frequently Asked Questions

## 1. How do I submit my rewards form?



### Mail

7711 Center Ave.  
Suite 100  
Huntington Beach, CA 92647  
c/o Member Rewards



### Clever Care Community Centers

#### Westminster

9600 Bolsa Ave.  
Suite D & I  
Westminster, CA 92683



### Online

Login to the Member Portal at  
**members.clevercarehealthplan.com**  
and select MEMBER FORMS.  
Follow the directions to upload an  
attachment and submit the form.

#### Monterey Park

117 West Garvey Ave. #C  
Monterey Park, CA 91754

#### Koreatown

928 South Western Ave.  
Suite 227  
Los Angeles, CA 90006



### Fax

(657) 210-6635

Community centers are open  
Monday–Friday, 9:00 a.m. – 5:30 p.m.  
To speak to a community center  
representative, call (833) 721-4378.

## 2. When will I receive my reward?

Rewards are applied to your flexible allowance Mastercard® approximately 4–6 weeks upon receipt and can be used towards fitness activities, herbal supplements, OTC items, and grocery allowance.

## 3. What is the maximum amount I can receive from the rewards program?

Part C rewards for all plans is up to \$300 per benefit year.

## 4. Do I need to send a copy of my test or screening results to receive the reward?

No. You do not need to send your test or screening results.

However, your doctor's signature is required to attest that the tests or screenings have been completed.

## 5. When is the last day I can submit my rewards form?

Clever Care must receive all forms by 1/31/2025.

## **6. Will my unused rewards carry over to the following year?**

Rewards issued in 2024 can only be used until December 31, 2025. Any unused rewards will expire after December 31, 2025.

## **7. Do I need to complete all screenings before I send my rewards form?**

No, it is not required to complete all screenings before submitting your rewards form. Members can choose from the following options:

### **Option 1**

You may submit your form as soon as you complete your screening.

### **Option 2**

Wait until all your screenings are completed before submitting the form.

## **8. Where can I get extra copies of the rewards form?**

- Download a form on the Member Portal at **members.clevercarehealthplan.com**
- In person at a Clever Care community center
- Contact Member Services at (833) 388-8168 (TTY: 711)

## **9. Can I receive rewards for screenings completed before 2024?**

Members cannot receive rewards for screenings completed before 2024. All screenings must be done within the 2024 plan benefit year.

Additionally, all screenings must be completed while active as a Clever Care member.

## **10. When should I complete health risk assessments (HRA)?**

To receive a reward for completing a health risk assessment new members must complete their HRA within 90 days of enrolling in the plan.

Annual rewards will be available only for Total+ members.

Redemption of the \$20 reward can only be done once per year.