



Member Incentive Form

Wellness is rewarding! Our members can get one (1) \$25 gift card when they complete any of the following:

- Adolescent Well Visit** – 12 to 21 years old [AWV]
- Colorectal cancer screening** – 50 to 75 years old [CRC]
- Diabetes screenings** – 18 to 75 years old, with diabetes diagnosis
 - HbA1c check [A1C]
 - Eye exam [EYE]
 - Nephropathy test [NEP]
- Mammogram** – females, 50 to 74 years old [MAM]

If your patient forgets to bring the form we mailed to them, you can use this form. Note the reason(s) for the visit in the form below, checking off the three-letter code to indicate services received.

Thank you for your partnership in helping encouraging preventive care!

To be completed by provider:

Clinic name: _____

Date of appointment: _____

Reason(s) for visit: AWV CRC A1C EYE NEP MAM

Provider signature: _____

To be completed by member:

Member number: _____

Name: _____

Address: _____

Check one box below to pick which gift card you'd like us to send you:

Amazon iTunes Walmart Shell Oil* Target Subway* T.J. Maxx

Send or bring this form to:

CareOregon, 315 SW Fifth Ave, Portland OR 97204 or fax it to 503-416-1316.

Your \$25 gift card will be mailed to your address in four to six weeks.

Or to receive the \$25 gift card sooner:

Provide your email address to receive a link and you can claim your gift card online in about two weeks.

Email: _____

* Shell and Subway card not available as digital gift card.

See reverse for important information ►

Questions?

Please call Customer Service at 503-416-4279 or toll-free: 888-712-3258; TTY/TDD: 1-800-735-2900
Hours of operation: 6 a.m. to 6 p.m. daily

Frequently asked questions:

How long do I have to send in this form?

You must return this completed form to us by 12/31/2017.

What if I lose my card? Lost or stolen cards will not be replaced.

Where do I send my form to? You can send or bring your filled out form to:
CareOregon, 315 SW Fifth Ave, Portland OR 97204 or fax it to 503-416-1316.

The wellness incentive program is available to all active CareOregon members. Only completely filled out forms are eligible for the incentive. Incentives are valid only if your membership is active with CareOregon as of the postmark date on your return envelope. At least one of the actions listed on the reverse side must be completed and the form received by Dec. 31, 2017. Lost or stolen gift cards will not be replaced. CareOregon may verify the information provided on your coupon at any time. Gift cards must be used only by CareOregon members. Your doctor or a clinic staff member must complete and sign your coupon before you return it in the prepaid envelope provided. The program may be discontinued by CareOregon at any time, without notice.

