

AmeriHealth Caritas District of Columbia's
I am healthySM Rewards Program

Member Reward Fax Request Form

To issue a member's reward gift card:

1. Complete and sign the form below
2. Fax the form to the Stellar Rx Pharmacy Care Rewards Program at **1-888-700-7150**

If you have questions about the program, please contact AmeriHealth Caritas District of Columbia (DC) Provider Services at **1-888-656-2383** or the Stellar Rx Pharmacy Care Rewards Program at **1-800-910-2959**. Please remember, you must submit a claim to the health plan to be reimbursed for services rendered.

Member Information			
Member name:			
Street address:			
City:	State:	ZIP:	Phone number:
Birth date:	AmeriHealth Caritas DC member ID number:		

Complete the appropriate section for services rendered and provide your signature.

Post-Partum Visit (within 21 – 56 days)			
Date of post-partum check-up:			
Clinic/provider name:			
Clinic/provider number:			
Clinic/provider signature or stamp:			
Choice of \$25 gift card:			
<input type="checkbox"/> Wal-Mart	<input type="checkbox"/> Chipotle	<input type="checkbox"/> H&M	<input type="checkbox"/> Downtown Locker Room (DTLR)

Member Reward Fax Request Form

Adolescent Well-Care Visit (ages 12 – 21)

Date of adolescent well-care visit:

Tests/questions:

- Health history Physical development history Physical exam
 Mental development history Health education/anticipatory guidance

Clinic/office name:

Clinic/office phone number:

Clinic/office signature or stamp:

Choice of \$25 gift card:

- Wal-Mart Chipotle H&M Downtown Locker Room (DTLR)

Comprehensive Diabetes Check-Up

Date of comprehensive diabetes check-up:

Clinic/office name:

Clinic/office phone number:

Tests completed:

- Hemoglobin A1C Nephropathy Retinal eye exam

Clinic/office signature or stamp:

Choice of \$25 gift card:

- Wal-Mart Chipotle H&M Downtown Locker Room (DTLR)