GOLD KIDNEY HEALTH PLAN

Let the rewards begin!

Fill out your wellness verification to receive your annual rewards

A few Q & As before you get started

What's the wellness verification form?

Proof that you have earned an eligible wellness activity reward.

When should I complete the wellness verification form?

The wellness verification form can be completed anytime during the benefit year. We strongly encourage you to use the form between October 1 through December 10 to guarantee your reward is earned before December 31.

Why complete the wellness verification form?

A claim may not be submitted by your doctor prior to the end of the year. Therefore, we strongly encourage you to complete a wellness verification form for any services after October 1, 2024.

How does the program work?

Simply bring the attached form to your wellness activity appointment for your doctor to attest and sign. Once the form is completed and signed by your doctor, you can mail, fax or email it to Gold Kidney Health Plan.

Mail: **Gold Kidney Health Plan**
P.O. Box 14050, Scottsdale, AZ 85267

Fax: **1 (866) 537-0536**

Email: **quality@goldkidney.com**

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If you have questions or need help, call the Rewards and Incentive Program Lead at:

1 (480) 903-8502 ext 338

or email:

quality@goldkidney.com

Gold Kidney Health Plan, Inc., is an HMO-POS, HMO-MA, and HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.
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WELLNESS VERIFICATION FORM TERMS AND CONDITIONS

The form must be completed and signed by your doctor for a $25 reward to be approved and awarded. Members can complete more than one wellness activity at an office visit with your doctor.

All wellness activities must be performed during the current benefit year to qualify for the $25 reward. The Wellness Verification Form will not be accepted after December 10. Rewards must be redeemed by December 31. Rewards do not roll over; therefore, rewards not redeemed by December 31 will be forfeited.

Rewards will be added to your Gold Kidney Preloaded Benefit Card Rewards Program wallet within the month following the date of receipt at Gold Kidney Health Plan and receipt of confirmation.

GOLD KIDNEY HEALTH PLAN

Wellness verification form

Complete the form below and send a copy of the completed form to Gold Kidney Health Plan.

Mail: **Gold Kidney Health Plan, P.O. Box 14050, Scottsdale, AZ 85267**
Fax: **1 (866) 537-0536**
Email: **quality@goldkidney.com**

Member name:		Member ID:
DOB:	Email:	Phone:

☐ **Annual wellness visit**

Date of visit:	Doctor name:

☐ **Flu shot/vaccine or Covid vaccine or booster**

Date of visit:	Doctor name or location:

☐ **Complete a post-hospitalization medication reconciliation visit within 14 days of discharge**

Date of discharge:	Date of medication reconciliation:
Doctor name:	

☐ **Post emergency room (ER) visit with PCP within 7 days of ER visit**

Date of ER visit:	Date of PCP visit:
Doctor name:	

☐ **Hemoglobin A1c exam: 2 times per year**

Date of visit #1:	Doctor name:
Date of visit #2:	Doctor name:

☐ **Controlling blood pressure exam: 2 times per year**

Date of visit #1:	Doctor name:
Date of visit #2:	Doctor name:

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☐ **Diabetic retinal eye exam**

Date of exam:	Doctor name:

☐ **Preventive cancer screening**

Type of screening: (circle one) Cervical Colon Mammogram Prostate	
Date of screening:	Location:

☐ **Fall risk or bladder control assessment**

Date of assessment:	Doctor name:

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

Doctor signature Print name Date

As a Gold Kidney Health Plan member, I hereby attest and verify that I have completed the requirements for the wellness activities noted above:

Member signature Date