

Gold Rewards Attestation Form

Complete and submit this form to Gold Kidney Health Plan. You can only get rewards for services completed while you were eligible with Gold Kidney, unless otherwise noted.

Mail: Gold Kidney Health Plan, ATTN: Quality Department
P.O. Box 285, Portsmouth, NH 03802

Fax: 1 (866) 537-0536

Email: quality@goldkidney.com

Member Information	
First Name:	Last Name:
Date of Birth (MM/DD/YYYY):	Gold Kidney Member ID:
Phone Number:	Email Address:

Note: Health Risk Assessment and Gold Kidney Health Visit do not need attestation.

Gold Rewards Program Activities	
<input type="checkbox"/> Go Green (Paperless Preference) – Receive these communications by email instead of by mail: newsletters, care gap reminders, medication reminders, and member education.	
<input type="checkbox"/> Check to opt-in to paperless	Confirm Email:
<input type="checkbox"/> Annual Physical Exam	
Visit Date:	Doctor Name:
Office Location:	
<input type="checkbox"/> Annual Flu Vaccine	
Vaccine Date:	Location OR Doctor Name:
<input type="checkbox"/> Preventive Mammogram Screening ¹	
Screening Date:	Screening Location or Facility:
¹ Screenings done within the last 2 years are eligible. If screening was completed before 2026, please provide documentation.	
<input type="checkbox"/> Preventive Colon Cancer Screening ²	
Screening Date:	Screening Location or Facility:
² If screening was completed before 2026, please provide documentation. For a screening to be eligible for reward, it must be completed within these timeframes: During current year (2026): gFOBT or FIT Between 2024 to 2026: sDNA FIT Between 2022 to 2026: CT colonography or flexible sigmoidoscopy Between 2017 and 2026: colonoscopy	

<input type="checkbox"/> PCP Follow-Up within 30 days of an inpatient discharge	
Discharge Date:	PCP Follow-Up Visit Date:
Hospital Location:	PCP Location:
	PCP Name:
<input type="checkbox"/> Dialysis Treatment Adherence ³ – <i>Monthly activity for those receiving dialysis treatment.</i>	
Treatment Month:	Number of Treatments Completed in Month:
Dialysis Treatment Location:	
³ Fill out the Dialysis Treatment Schedule page and submit with your attestation form.	
<input type="checkbox"/> Diabetic Retinal Eye Exam ⁴ – <i>Must have a diabetes diagnosis. Must be completed by an optometrist or ophthalmologist.</i>	
Eye Exam Date:	Eye Doctor Name:
Office Location:	
⁴ Exams done in prior year are eligible with proof of negative results. If exam was completed before 2026, please provide documentation.	
<input type="checkbox"/> Osteoporosis Management for Women – <i>For those who've had a fracture in 2026.</i>	
Fracture Date:	Treatment Facility for Fracture:
Only ONE is required: BMD test <u>OR</u> osteoporosis medication information	
Bone Mineral Density (BMD)	Osteoporosis Medication
Test Date:	Fill Date:
	Medication Name:
Member Attestation	
As a Gold Kidney Health Plan member, I hereby attest and verify that I have completed the requirements for the wellness activities noted on this form.	
Member Signature:	Date:
Provider Attestation (optional)	
I, the patient's provider, hereby attest and verify that I performed the completed wellness activities noted on this form.	
Provider Name:	Date:
Provider Signature:	

Prescribed Dialysis Treatment Schedule

Instructions: for the month selected on the Reward Attestation form, please circle or shade the days that you completed dialysis treatments.

January 2026						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2026						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2026						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2026						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July 2026						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2026						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2026						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		