



**better health**

**WELL CHILD VISITS (0 - 23 MONTHS)  
HEALTHY BEHAVIORS REWARDS PROGRAM**

We received your Promise Form for the **Healthy Behaviors Rewards Program for Well Child Visits (0-23 Months)**. Your child is already on the way to better health.

**You earned your rewards.** Each point is worth \$1.00. You earned 5 points so far. We added \$5.00 to your Rewards Account. In this package, we are sending a mail order list and envelope. The rewards you order will be mailed to you. You will not have to pay for delivery.

✓	Levels	You sent us these forms	Points = \$
✓	Promise	Promise Form	<b>5 = \$5.00</b>
	Level 1	See doctor six times for well child visits before member turns 15 months	15
	Level 2	See doctor for all immunizations recommended for the first 15 months of life	15
	Level 3	See doctor for lead screening blood test between 13 and 15 months of life	15

Each time you finish a level, more points will be added to your Rewards Account. **You still have 45 more points to earn.**

**In this package:**

- \* Rewards Mail Order List and Envelope
- \* Program description
- \* Levels 1, 2, and 3 Rewards Request forms to help you continue earning your rewards. Each form has details about how to meet the goal.
- \* Stamped, addressed return envelopes for each goal met form.

**Using the Rewards Request form is as easy as 1, 2, 3**

- ① Read what you need to do to get to the next level, starting with Level 1. You have to do one level at a time. Call us if you have any questions.
- ② Fill out the Rewards Request form.
- ③ Sign and date the Rewards Request form. Remember that your doctor needs to sign the form too. Return the form in the stamped envelope. **Please sign and mail each Rewards Request form as soon as you finish so you don't forget.** Sending it is **FREE!**

**For more ideas about your child's health, go to the Better Health web site and click on the Healthy Behaviors link: <http://www.betterhealthflorida.com>**

Healthy Behaviors, Better Health  
9250 W Flagler Street, Suite 600, Miami, FL 33174-3460  
Do you have **questions?** Phone 1-800-514-4561. Fax: 1-855-329-5289  
E-mail: [HealthyBehaviors@simplyhealthcareplans.com](mailto:HealthyBehaviors@simplyhealthcareplans.com)





## WELL CHILD VISITS (0-23 MONTHS) HEALTHY BEHAVIORS REWARDS PROGRAM

If you have a child we will help and support you to keep them safe and healthy.



**I want to make sure my child is safe and healthy. How do I start?**

**It's as easy as 1, 2, 3, 4**

- ❶ Fill out the Promise Form and check boxes to show you plan to follow the program.
- ❷ Fill out the section with your name, address, and phone.
- ❸ Sign and date the form. Your child's doctor needs to sign the form too.
- ❹ Use the stamped envelope with our address and send us your form. It's **FREE!**



**What rewards can I get?**

You earn reward points when you reach each goal level. One point is worth \$1.00. You will get a rewards list that you can use to buy things you want by mail order. You **will not** be charged for stamps from your points. New points will be added as you get to higher levels.

**You can earn up to 50 points.**

Level	What You Need to Do	Points
Entry	Send us your signed Promise Form	5
Level 1	See doctor six times for well child visits before member turns 15 months	15
Level 2	See doctor for all immunizations recommended for the first 15 months of life	15
Level 3	See doctor for lead screening blood test between 13 and 15 months of life	15



**How do I get my rewards?**

Each time you finish a level you will fill out and send us the Rewards Request form for that level. Once you earn points they are there for you to use any time you want for up to 1 year after you finish the Healthy Behaviors Rewards Program.



**How do I get help with this program?**

Call the Healthy Behaviors Rewards Program at 1-800-514-4561  
or E-mail to [HealthyBehaviors@simplyhealthcareplans.com](mailto:HealthyBehaviors@simplyhealthcareplans.com)





**Rewards Request Form Level 1  
Well Child Visits (0 - 23 Months)  
Healthy Behaviors Rewards Program**



I kept my promise. **I made it to Level 1**

**Tell us what you did to get to Level 1.**

To get to Level 1, I kept my promise to take my child to 6 well child visits before 15 months of age.

**Show us what you did to get to Level 1.**

- ✓ Check the boxes below to show that you made it to Level 1. **Don't forget** to have your child's doctor sign also.

<input type="checkbox"/>	I took my child for 6 well child visits before 15 months of age
<input type="checkbox"/>	I signed this form and asked my child's doctor to sign also.
<input type="checkbox"/>	I will mail this form with both signatures in the stamped envelope with the health plan address

**We don't want to lose you, so please tell us again how to contact you.**

<b>Child's First Name</b>		<b>Child's Last Name</b>	
Your First Name		Your Last Name	
Middle Initial		Email	
Phone Number		Other Phone	
Address		City	Zip Code

**I kept my promise.**

Sign your name [REQUIRED] →

The date today →

**Your doctor needs to sign too.**

Doctor's Signature [REQUIRED] →

The date today →

We sent you an envelope that you can use to **return this form.**  
The stamp is paid. Just drop it in the mail box.

Our address is Healthy Behaviors, Better Health,  
9250 W Flagler Street, Suite 600, Miami, FL 33174-3460

**Do you have questions?** Phone: 1-800-514-4561 Fax: 1-855-329-5289

E-mail: [HealthyBehaviors@simplyhealthcareplans.com](mailto:HealthyBehaviors@simplyhealthcareplans.com)





## better health

### Reward Request Form Level 2 Well Child Visits (0 – 23 Months) Healthy Behaviors Rewards Program



I kept my promise. **I made it to Level 2**

#### Tell us what you did to get to Level 2.

To get to Level 2, I kept my promise to take my child for all immunizations recommended for the first 15 months of life.

#### Show us what you did to get to Level 2.

✓ Check the boxes below to show that you made it to Level 2. **Don't forget** to have your child's doctor sign also.

<input type="checkbox"/>	My child received all immunizations recommended for the first 15 months of life.
<input type="checkbox"/>	I signed this form and asked my child's doctor to sign also.
<input type="checkbox"/>	I will mail this form with both signatures in the stamped envelope with the health plan address

#### We don't want to lose you, so please tell us again how to contact you.

Child's First Name		Child's Last Name	
Your First Name		Your Last Name	
Middle Initial		Email	
Phone Number		Other Phone	
Address		City	Zip Code

#### I kept my promise.

Sign your name [REQUIRED] →

The date today →

#### Your doctor needs to sign too.

Doctor's signature [REQUIRED] →

The date today →

We sent you an envelope that you can use to **return this form.**

The stamp is paid. Just drop it in the mail box.

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**REWARDS REQUEST FORM LEVEL 3  
Well Child Visits (0 – 23 Months)  
Healthy Behaviors Rewards Program**



I kept my promise. **I made it to Level 3**

**Tell us what you did to get to Level 3.**

To get to Level 3, I kept my promise to take my child for a lead screening blood test between 13 and 15 months of age.

**Show us what you did to get to Level 3.**

✓ Check the boxes below to show that you made it to Level 3. **Don't forget** to have your child's doctor sign also.

<input type="checkbox"/>	My child received a lead screening blood test between 13 and 15 months of age.
<input type="checkbox"/>	I signed this form and asked my child's doctor to sign also.
<input type="checkbox"/>	I will mail this form with both signatures in the stamped envelope with the health plan address

**We don't want to lose you, so please tell us again how to contact you.**

<b>Child's First Name</b>		<b>Child's Last Name</b>	
Your First Name		Your Last Name	
Middle Initial		Email	
Phone Number		Other Phone	
Address		City	Zip Code

**I kept my promise.**

Sign your name [REQUIRED] →

The date today →

**Your doctor needs to sign too.**

Doctor's Signature [REQUIRED] →

The date today →

We sent you an envelope that you can use to **return this form.**  
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