

## Rewards Reimbursement Form



Thank you for completing your recent exam. Please fill out all fields in this form and return via mail or email to the addresses provided below to have funds added to your **OTC Rewards** card.

Visits must take place after January 1, 2024 to receive OTC Rewards. The OTC Rewards card is for all members of your household and will be mailed to the member listed as the head of household or your parent/guardian. Members can earn a maximum of \$250 in cash and non-cash goods and services each State fiscal year, which runs from July 1 to June 30.

### Exam completed (Please mark selection clearly)

☐ **Child and adolescent well visits (\$50)**

Members 12-17 years of age who had at least one comprehensive well visit with a PCP or OB/GYN. This reward can be earned once every 12 months.

☐ **Child lead screening (\$50)**

Members 0-24 months of age who had a lead screening test. This reward can be earned once every 12 months.

### Member information (Please print information clearly)

Your member ID number (from your WellSense ID card)

Last name	First name	Middle initial
Address	City	State
Zip code		
Phone number	Email address	Best way to reach you – phone or email?

### Provider information (Please print information clearly)

Provider office name	Office phone number		
Office address	City	State	Zip code

## Rewards Reimbursement Form



### Office visit (Please print information clearly)

Visit date:	Exam type:
Visit date:	Exam type:
Visit date:	Exam type:
Visit date:	Exam type:

### Please submit this form by mail or email to:

WellSense Health Plan  
Attn: Member Incentives  
100 City Square, Suite 200  
Charlestown, MA 02129

[NHHealthyRewards@wellsense.org](mailto:NHHealthyRewards@wellsense.org)