



Healthy Rewards Reimbursement Form

wellsense.org | 877-957-1300

Thank you for completing your recent exam. Please fill out all fields in this form and have someone at your doctor's office sign off on your visit. Return to the address below to have funds added to your *Healthy Rewards* card.

Visits must take place after March 1, 2020 to receive Healthy Rewards. The Healthy 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)			
<input type="checkbox"/> Metabolic Monitoring for Adults (\$15) – Member must be over the age of 18 and taking one of the medications listed on the next page. This reward can be earned once every calendar year.			
<input type="checkbox"/> Metabolic Monitoring for Children and Adolescents (\$40) – Member must be under the age of 18 and taking one of the medications listed on the next page. This reward can be earned once every calendar year.			
<input type="checkbox"/> Follow-up After Emergency Department Visit (\$30) – Member must be over the age of 18 and have had a follow-up appointment after an Emergency Department visit for alcohol and/or other drug use within 7 days. This reward can be earned twice every calendar year and is only available to members engaged with Well Sense Care Coordination.			

Member Information (Please print information clearly)					
YOUR MEMBER ID NUMBER (WELL SENSE HEALTH PLAN 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

Office Visit (Please print information clearly and have your provider sign for the visit)	
VISIT DATE	PROVIDER SIGNATURE

Please mail this form to: Well Sense Health Plan
Attn: Member Incentives
1155 Elm Street, Suite 600
Manchester, NH 03101

Qualifying Medications for Metabolic Monitoring

Members must take one of these medications to qualify for the Metabolic Monitoring reward.

List of Metabolic Monitoring Medications	
<ul style="list-style-type: none">• Aripiprazole• Asenapine• Brexpiprazole• Cariprazine• Chlorpromazine• Clozapine• Fluphenazine• Fluphenazine decanoate• Haloperidol• Haloperidol decanoate• Illperidone• Loxapine• Lurisdone• Molindone	<ul style="list-style-type: none">• Olanzapine• Paliperidone• Paliperidone palmitate• Perphenazine• Pimozide• Prochlorperazine• Quetiapine• Quetiapine fumarate• Risperidone• Thioridazine• Thiothixene• Trifluoperazine• Ziprasidone