



CHILD HEALTH PLUS Member Rewards Tracking Form

Member Name:

Member Signature:

Member ID Number:

Email Address:

Member Address:

Phone Number:

	Date of Service	Provider Name	Provider Signature
✓ Adolescent Wellness Visit			
✓ Chlamydia Screening			
✓ Complete Affinity's Breathe Easy Asthma Program			
✓ Comprehensive Diabetes Care: HbA1c Screening + Eye Exam + Nephropathy Screening			
✓ Follow Up After Hospitalization for Mental Illness			

Please email a scanned copy of this completed form to **Rewards@affinityplan.org**. You can also fax it to us at 718.794.7821 or mail it to Affinity Health Plan, Attention: QM Department, 1776 Eastchester Road, Bronx, NY 10461.

Certain restrictions apply. For information regarding Affinity's Member Rewards Program, please visit <http://www.affinityplan.org/CHPRewards/>. For more information, call Affinity's Quality Management Department at 718.794.7764 (TTY/TDD: 711) from 8:30AM - 5:00PM, Monday through Friday.



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<input checked="" type="checkbox"/> Medication Management for Asthma
<input checked="" type="checkbox"/> Post Partum Visit (21 to 56 days after delivery)
<input checked="" type="checkbox"/> Prenatal Care - at least 6 documented prenatal visits
<input checked="" type="checkbox"/> Viral Load Suppression (3 monitoring visits & 1 viral load test)
<input checked="" type="checkbox"/> Well Child Visit - Ages 3-6
<input checked="" type="checkbox"/> Well Child Visit - 15 months (6+ visits)

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