

2024 MEMBER REWARDS ACTIVITY

| ime | DOB_ | Member ID | |
|--------------------------------------|------|----------------------------------|--|
| Please complete and return via: | | Mail to: | |
| Fax to: (714) 551-3831 | | ASTIVA REWARDS c/o QI | |
| - Email to: rewards@astivahealth.com | | 765 The City Drive S - Suite 200 | |
| - Drop off at any activity center | | Orange, CA 92868 | |

You may submit each exam/test separately as they are completed.

| Exam/Test | Eligibility & Frequency | Date Completed | Provider | Location |
|--|--|-------------------|----------|----------|
| Annual Wellness Visit (\$40 reward) | Everyone | | | |
| | 1 visit every 12 months | | | |
| Breast Cancer Screening (\$30) | Female members less than 75 years old | | | |
| | 1 visit every 24 months | | | |
| Colonoscopy (\$50) | Members less than 75 years old | | | |
| Fecal Stool Occult (\$20) | Members less than 75 years old 1 every 12 months | | | |
| HbA1c or urine protein test (\$10) | Patients with diabetes 2 Alc per year (must be 5 months apart) 1 urine protein every year | | | |
| Eye Exam (\$20) | Patients with diabetes 1 every 12 months | | | |
| Post-hospital visit (\$25) | Hospital discharge patients seeing their doctor within 7 days. Up to 2 visits per year | | | |
| Post-ED (\$15) | Patients seeing their doctor within 7 days of an ED visit, not resulting in an admission. Up to 2 visits per year | | | |