

# Member Rewards Activities Form



Name \_\_\_\_\_ DOB \_\_\_\_\_ Member ID \_\_\_\_\_

Please complete this form and return it with verification documentation from your doctor's office using one of these submission methods:

**Fax:** (714) 551-3831,

**Mail:** Astiva Rewards c/o QI

**Email:** rewards@astivahealth.com

765 The City Drive South, Suite 200 - Orange, CA 92868

GOAL	ELIGIBILITY	DATE COMPLETED	PROVIDER	LOCATION
<b>Colonoscopy or Stool Occult Blood Test (\$50)</b>	Members under 75 years of age			
<b>Breast Cancer Screening (\$50)</b>	Females under 75 years of age			
<b>Diabetic Eye Exam (\$50)</b>	Members living with diabetes			
<b>Post-Hospital or ER Visit (\$75)</b>	Members after a hospital or ER stay			

Preventive screening recommended by U.S. Preventive Services Task Force.