

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
Colonoscopy or Stool Occult Blood Test (\$50)	Members under 75 years of age			
Breast Cancer Screening (\$50)	Females under 75 years of age			
Diabetic Eye Exam (\$50)	Members living with diabetes			
Post-Hospital or ER Visit (\$75)	Members after a hospital or ER stay			

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