

Dear Member's Parent/Guardian:

Thank you for your interest in our Well Child Visits (WCV2) Healthy Behaviors Rewards Programs.

You're getting this mailing because your child's case manager or doctor referred your child, you referred your child or you've found this on our website. Your child's health is important to us. We will support and reward our members for taking steps to better their health through our programs.

There are two separate WCV2 programs your child can join. Each program has different steps to follow to earn a reward. Read the program forms attached for details. You can enroll your child in one or both WCV2 programs if and when you like. It's your choice. When you're ready, just tell your child's case manager or doctor when you want to enroll your child in a WCV2 program.

When your child completes each program, they will get a gift card reward!

Want to enroll your child? Follow these steps:

1. See your child's doctor and follow the plan for each program in which you've enrolled your child.
2. Fill out the form for each program in which you've enrolled your child. Also, have your child's doctor sign the form.
3. Let us know your child completed their program. Send the form to us in one of these ways:
 - **Mail:** Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
 - **Fax:** 1-877-614-5321
 - **Email:** HealthyBehaviors@simplyhealthcareplans.com

Have questions or need help? Call us at 1-844-405-4298 (TTY 711) or email us at HealthyBehaviors@simplyhealthcareplans.com.

Enclosures: Enrollment form
 Program forms
 Nondiscrimination notice
 Get help in another language

**Well Child Visits Healthy Behaviors Rewards Programs
Enrollment Form**

Please fill out and sign this form to enroll your child in one or both Well Child Visits (WCV2) Healthy Behaviors Rewards Programs. For each WCV2 program you want to enroll in, place a checkmark in the **Yes, I want to enroll!** table column below.

Yes, I want to enroll!	Program	Description	Gift card
	WCV2-1	Take your child to their doctor for one well-child visit.	\$20
	WCV2-2	Take your child to their doctor for all shots recommended for your child's age.	\$50

Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

Please tell us how to contact you.

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name (if applicable): _____

How would you like us to contact you? (Check all that apply. Contact your child's case manager to disenroll from these communications at any time.) ☐ Call ☐ Text ☐ Email

Sign your child's name _____ Date _____

Send us this signed form in one of these ways:

- Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
- Fax: 1-877-614-5321
- Email: HealthyBehaviors@simplyhealthcareplans.com

Have questions or need help? Call us at 1-844-405-4298 (TTY 711) or email us at HealthyBehaviors@simplyhealthcareplans.com. Congratulations for taking a step toward better health for your child!

Well Child Visits Healthy Behaviors Rewards Program 1 Form

After you've enrolled your child in the program:

1. Take your child to their doctor for one well-child visit. If your child has already had this visit in the last 12 months, skip to step #2.
2. Sign below. Ask your child's doctor to sign, too. Also, ask the doctor to send the claim to Simply — Florida Healthy Kids.

Sign your child's name _____ Date _____

Doctor's signature _____ Date _____

3. Send us this signed form in one of these ways:
 - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
 - Fax: 1-877-614-5321
 - Email: HealthyBehaviors@simplyhealthcareplans.com

Then, get a reward certificate in the mail! You will use it to order your child's \$20 gift card.

Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

Note: Once your child is enrolled in this program, all the steps listed above must be completed within 12 months to earn the reward.

We want to stay in touch. Please tell us how to reach you.

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name (if applicable): _____

Well Child Visits Healthy Behaviors Rewards Program 2 Form

After you've enrolled your child in the program:

1. Take your child to their doctor for all shots recommended for your child's age. If your child has already gotten these shots in the last 12 months, skip to step #2.
2. Sign below. Ask your child's doctor to sign, too. Also, ask the doctor to send the claim to Simply — Florida Healthy Kids.

Sign your child's name _____ Date _____

Doctor's signature _____ Date _____

3. Send us this signed form in one of these ways:
 - Mail: Healthy Behaviors, Simply Healthcare Plans, Inc. — Florida Healthy Kids, 4200 W. Cypress St., Ste. 900, Tampa, FL 33607
 - Fax: 1-877-614-5321
 - Email: HealthyBehaviors@simplyhealthcareplans.com

Then, get a reward certificate in the mail! You will use it to order your child's \$50 gift card.
Rewards may not be used for gambling, alcohol, tobacco or prescription drugs.

Note: Once your child is enrolled in this program, the steps listed above must be completed within 12 months to earn the reward.

We want to stay in touch. Please tell us how to reach you.

Member name: _____ Date of birth: _____

Member ID #: _____ Cellphone number: _____

Email address: _____

Street address City State ZIP code

Primary parent/caregiver name (if applicable): _____