

Flu Vaccination and Annual Wellness Visit Form



Individual and Family Plan* Momentum Healthy Rewards Program

Your **flu vaccination** and **annual wellness visit** are two of the four required tasks to earn your \$100 health rewards card. To earn this incentive, you must complete these tasks during the 2021 calendar year.

Once you have received your flu vaccination or completed your annual wellness visit, fill out the information below and **send this form** to Network Health in one of the following ways.



- 1 Email to **NHwellnessincentives@networkhealth.com**
- 2 Mail to
Network Health
Momentum
1570 Midway Pl.
Menasha, WI 54952
- 3 Submit through the secure message center at **login.networkhealth.com**. Click the envelope in the upper right corner, which takes you to the **Message Center**. Choose **New Message**. For Subject, select **My Wellness Program** and upload your completed form under Attachments. Write a brief message and click **Send**.

Please indicate for which task you are submitting this form (check all that apply).

Flu Vaccination

Receiving the flu vaccination is an important step in protecting yourself and your family. Network Health recommends receiving this vaccine annually. By signing below, you are attesting that you received your flu vaccination.

Member name _____ Date of birth _____

Member signature _____ Date of service _____

Annual Wellness Visit

Your annual wellness visit is considered a preventive service and if your personal doctor (often referred to as your primary care provider or PCP) is within our provider network, this visit is provided at no charge. During this appointment, your personal doctor will provide a general review of your health and well-being and may offer suggestions or information to help you live your healthiest life. Your Network Health plan covers one annual wellness visit at \$0 per calendar year. That means you don't need to wait until a year after your 2020 appointment to be covered.

Doctor name _____

Doctor signature _____ Date of service _____

If you have **questions** about qualifications or exceptions for this incentive, please contact us at

NHwellnessincentives@networkhealth.com.

Note - Your health rewards card will be sent to the address we have on file for you. To **update your address**, visit

login.networkhealth.com.

*Individual and family transitional grandmothers and grandfathers plans are not eligible for this program. HMO plans underwritten by Network Health Plan.