GOLD KIDNEY HEALTH PLAN

Let the rewards begin!

Fill out your wellness verification to receive your annual rewards

A few Q & As before you get started

What's the wellness verification form?

Proof that you have earned an eligible wellness activity reward.

When should I complete the wellness verification form?

The wellness verification form can be completed anytime during the benefit year. We strongly encourage you to use the form between October 1 through December 9 to guarantee your reward is earned before December 31. The Wellness Verification Form will not be accepted after December 9th.

Why complete the wellness verification form?

A claim may not be submitted by your doctor prior to the end of the year. Therefore, we strongly encourage you to complete a wellness verification form for any services after October 1, 2025.

How does the program work?

Simply bring the attached form to your wellness activity appointment for your doctor to attest and sign. Once the form is completed and signed by your doctor, you can mail, fax, or email it to Gold Kidney Health Plan.

Mail: **Gold Kidney Health Plan**
Attn: Quality Department
P.O. Box 285, Portsmouth, NH 03802

Fax: **1 (866) 537-0536**
Email: **quality@goldkidney.com**

Questions or concerns?

If you have questions or need help regarding the Gold Kidney Rewards and Incentives Program including eligibility, please contact Member Services by phone **(844) 294-6535** or email **quality@goldkidney.com.**

Wellness Verification Form Terms and Conditions

The form must be completed and signed by your doctor for the reward to be approved and awarded. Members can complete more than one wellness activity at an office visit with your doctor.

Any claims or Wellness Verification Forms received between December 10th - 31st will not earn a reward.

All wellness activities must be performed during the current benefit year to qualify for the reward. Member must be eligible with Gold Kidney on the date that the service was performed. Rewards must be redeemed by December 31. Rewards do not roll over; therefore, rewards not redeemed by December 31 will be forfeited.

Rewards will be added to your Gold Kidney Benefit Card Rewards Program wallet within 6 - 8 weeks of the date of receipt at Gold Kidney Health Plan and receipt of confirmation.

Our hours of operation are October 1 to March 31, 8 am - 8 pm, local time, 7 days a week (except holidays) and April 1 to September 31, 8 am - 8 pm, local time, Monday through Friday (except holidays).

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Wellness Verification Form

Complete the form below and send a copy of the completed form to Gold Kidney Health Plan. You can only get rewards for services completed while you were eligible with Gold Kidney.

Mail: **Gold Kidney Health Plan**
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Fax: **1 (866) 537-0536**
Email: **quality@goldkidney.com**

Member Name:		Member ID:
DOB:	Email:	Phone:

☐ **Flu Shot / Vaccine or COVID Vaccine or Booster**

Date of visit:	Doctor name or location:

☐ **Controlling Blood Pressure Exam (2 times per year)***

Date of visit #1:	Doctor name:
Date of visit #2:	Doctor name:

**You can complete this activity if you have a diabetes diagnosis. Readings must be completed at least 4 months apart.*

☐ **Preventive Cancer Screening**

Type of screening (circle one): Cervical Colon Mammogram Prostate	
Date of screening:	Doctor name:

☐ **Fall Risk or Bladder Control Assessment**

Date of assessment:	Doctor name:

☐ **Health Optimization Visit** *(this is a home visit provided by a Gold Kidney partner)*

Date of assessment:	Assessment location:
Provider name:	

I, the patient's provider, hereby attest and verify that I performed the completed wellness activities noted on this form:

_____ _____

Provider signature *Date*

_____

Print name

As a Gold Kidney Health Plan member, I hereby attest and verify that I have completed the requirements for the wellness activities noted on this form:

_____ _____

Member signature *Date*