

Get a no-cost \$50 gift card for attending 6 Shape Your Life group classes **and** having a follow-up visit with your doctor!

SHAPE YOUR LIFE HEALTH REWARD

To get the \$50 gift card, you must meet all 3 eligibility requirements and complete the 2 steps listed on page 2!

Eligibility Requirements:

- 1 Be continuously enrolled in CalOptima Medi-Cal during the time you are attending the Shape Your Life classes and at a follow-up visit with your doctor.
- 2 Be between 5–18 years of age.
- 3 Have a body mass index (BMI) percentile of 85 or higher.

If you have any questions about Shape Your Life or the eligibility requirements to qualify for the health reward, please call CalOptima Health Management department at **1-714-246-8895 (TTY 711)**. We have staff who speak your language. Please visit us at **www.caloptima.org/HealthRewards** for more details.

This form must be **filled out and signed** by the **Shape Your Life class instructor and your doctor** to receive the no-cost \$50 gift card.

MEMBER INSTRUCTIONS (Follow these steps).

Step 1: Attend 6 Shape Your Life group classes at an assigned CalOptima site. Have the instructor complete the Instructor Section of this form to confirm your attendance at all 6 group classes.

Step 2: Visit your doctor within 120 days after completing the last Shape Your Life class. At the visit, have your doctor complete the Doctor Section of this form and fax it to CalOptima.

If you qualify, it will take at least **8 weeks** after we receive the completed form for you to receive your no-cost \$50 gift card.

Member Name:

Date of Birth:

CalOptima ID Number:

Mailing Address:

City, State, Zip:

Phone:

INSTRUCTIONS FOR SHAPE YOUR LIFE INSTRUCTOR

Please sign this form after the member has completed a minimum of 6 group classes.

Class Dates

1		4	
2		5	
3		6	

CalOptima Assigned Site:

Instructor Name (printed):

Instructor Signature:

BMI at Initial Assessment:

PROVIDER (DOCTOR) INSTRUCTIONS

- The provider follow-up visit must be completed within 120 days after the member has attended his or her 6th Shape Your Life class.
- Provide healthy weight counseling to the member and, if needed, provide ongoing care related to healthy weight.
- **You must sign or stamp this form for the member to receive the no-cost \$50 gift card.**
- Your office needs to fax this form to CalOptima at **714-338-3140**. Or mail it to CalOptima Health Management department at 505 City Parkway West, Orange, CA 92868.

Date of Follow-up Visit:

BMI at Follow-up Visit:

Provider Name (printed):

Provider Signature/Stamp:

Provider TIN:

Phone:

Disclaimer: You must meet **all** health reward eligibility requirements to qualify for the gift card. Kaiser members are excluded. It takes at least 8 weeks after we receive the completed form to process your gift card. The gift card cannot be used to purchase alcohol, tobacco or firearms. Gift card has no cash value, and CalOptima is not responsible if it is lost or stolen. You may only receive **1** gift card every 12 months for this health reward. Gift cards are available while supplies last. This health reward may be discontinued at any time without notice.

