

Well Child / Program Form



Please email completed form to childrenfirst@chpw.org

As a Community Health Plan of Washington (CHPW) member, your child is eligible to receive a reward for getting care. To be eligible, your child must:

- See his/her provider for the scheduled Well Child exam; AND
- Be current on all scheduled immunizations; AND
- Be a CHPW member on the appointment date and when the provider submits the form; and
- Be under age 18

Please bring this form in to your provider or ask your provider at your next visit. You and your provider will fill out the form together, and they will submit it to CHPW for you. You will receive your gift card in the mail 2-3 weeks after sending in the form. **All information regarding the Rewards Program is available at chpw.org/wellchildrewards. If you have any questions about this program, please call Customer Service at 1-800-440-1561 (TTY Relay: Dial 7-1-1), Monday – Friday, 8 a.m. to 5 p.m.**

I request and authorize the disclosure of protected health information, to CHPW to confirm eligibility for Children First Well Child Program rewards.

Member Name (Child): _____

CHPW ID Number: _____ Child's Date of Birth: ____/____/____

Parent/Guardian Name (print clearly): _____

Parent/Guardian Signature: _____ Date: ____/____/____

Mailing Address: _____

City/State/Zip: _____ Phone Number: _____

This section to be completed by facility staff only

Please attest that the patient named above is current on all immunizations as recommended by the current Brighton Pediatric Schedule. Yes No

Please indicate which immunizations, if any, were given during today's visit:

Immunizations: _____

Facility name: _____

Facility staff signature: _____

Provider name: _____
(please print)

Please send the completed form to:
Community Health Plan of Washington
ATTN: Children First Program

By Email: childrenfirst@chpw.org -or-

By Fax: 206-652-7071

\$20 Reward

\$65 Reward for car seat