

# Well Child / Program Form



Please email completed form to [childrenfirst@chpw.org](mailto: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 14

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](http://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](mailto:childrenfirst@chpw.org) -or-

**By Fax:** 206-652-7071

\$20 Reward

\$65 Reward for car seat