

Annual Wellness Visit Reward Request

Congratulations on completing the annual wellness visit activity!

Please fill out this form and return with your completed visit certification form in one of the provided envelopes.

First name: _____ Last name: _____

Member ID: _____ Phone number: _____

Step 1: Select one \$100 reward. Place an X next to the \$100 reward you wish to receive. Choose either:

A) Brand reward

— OR —

B) Visa® Prepaid Card



Step 2 - Receive your reward. Place an X next to the email or mail option below.

Email address*:

Mailing address:



*You agree to receive email from Lasso Healthcare/For Your Health.

Lasso Healthcare is an MSA plan with a Medicare contract. Enrollment in Lasso Healthcare depends on a contract renewal. The For Your Health program incentives, reward brands and amounts are subject to change. Gift card requests will be processed within 3 business days after receipt. Please allow up to 21 business days to receive a physical card via mail. See reverse for important information.

Important information

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