



Ignite Wellness Program Rewards Form NetworkPrime MSA

Lab Results

To request your wellness rewards, complete the necessary information below and submit the form by **January 30, 2022**.

Member full name _____

Member ID _____

Date of birth _____

Phone number _____

Forms can be sent securely through the member portal by clicking **Email Us** in the upper left corner. For **Subject**, select **My Wellness Program**. Under **Attachments**, upload your completed form. You can also send by mail to this address.

Network Health
Wellness Incentives
1570 Midway Pl.,
Menasha, WI 54952

If you have questions about qualifications, exceptions or alternatives, please contact us at 877-845-6579. Monday–Friday from 8 a.m. to 5 p.m. or email nhwellnessincentives@networkhealth.com.

\$50 reward for your lab results*

Bring this form to your personal doctor and have him or her complete this information. Then, you can send in the form with a **copy of your lab results**. (The results should include your name and date of birth.)

Date of labs _____

Is this member current with any lab tests recommended for their health or conditions following the United States Preventive Services Task Force Guidelines? Yes No

Provider signature _____ Date _____

Provider credentials _____

**You will get your reward within six to eight weeks of Network Health receiving this form.*