

Covid-19 Incentive Form

Please fill out the form below. Form completion required to determine eligibility. If you have any problems or questions, please call Carolina Complete Health at 1-833-552-3876 (TTY 711).

To qualify for the Carolina Complete Health COVID-19 Incentive, you must have received the first, second, or booster COVID-19 vaccination after **November 15, 2021**. There is a limit of **one** \$75 reward per member.

MEMBER INFORMATION

Member Name _____ Medicaid ID Number _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Name of Person Filling out this Form _____
(Must Be Parent or Guardian of Member)

Signature _____ Date _____

Mail the completed Covid-19 Incentive Form and a copy of your vaccination* card to:

Carolina Complete Health
ATTN: COVID-19 Vaccination
10101 David Taylor Drive, Suite 300
Charlotte, NC 28262

Once your submission is confirmed, please allow up to 90 days for your reward to apply to your My Health Pays® account as Carolina Complete Health must process the reward manually.

***Proof of vaccination must include a copy of your vaccination card; please do not mail the original card.**