



CalOptima
A Public Agency
Better. Together.



Get a one-time no-cost \$50 gift card for attending 6 *Shape Your Life* group classes and have a follow-up visit with your doctor.

SHAPE YOUR LIFE INCENTIVE FORM

To get the \$50 gift card you must meet all 3 eligibility requirements, and complete all 4 steps listed on the back:

Eligibility Requirements:

- 1 Be continuously enrolled in CalOptima Medi-Cal during the time you are attending the Shape Your Life classes
- 2 Be between 5–18 years of age
- 3 Have a body mass index (BMI) percentile of 85 or higher

If you have any questions about Shape Your Life or incentive requirements, please call CalOptima Health Management department at **1-714-246-8895**. TDD/TTY users can call toll-free at **1-800-735-2929**. We have staff who speak your language.

This form must be filled out and signed by the Shape Your Life class instructor and your doctor to receive the \$50 gift card (subject to eligibility requirements).

MEMBER INSTRUCTIONS (Follow these steps).

Step 1: Attend 6 group classes for Shape Your Life at the CalOptima approved location:

Step 2: Have the Shape Your Life class instructor fill out the information on this form to confirm your attendance at 6 group classes.

Step 3: Visit your doctor within 120 days after completing the last Shape Your Life class.

Step 4: At the visit, have your doctor sign this form. Your doctor will mail this form to CalOptima.

You can receive the \$50 gift card within 6-8 weeks if you meet all eligibility requirements.

Member Name:

Date of Birth:

CalOptima CIN Number:

Current Address:

City, State, Zip:

Phone Number:

INSTRUCTIONS FOR SHAPE YOUR LIFE INSTRUCTOR

Please sign this form after the member has completed a minimum of 6 group classes to be eligible for the no-cost \$50 gift card.

Class Dates

| | | | |
|---|--|---|--|
| 1 | | 4 | |
| 2 | | 5 | |
| 3 | | 6 | |

CalOptima Approved Location:

Instructor Name (printed):

Instructor Signature:

BMI at Initial Assessment:

PROVIDER (DOCTOR) INSTRUCTIONS

Providers please sign or stamp this form.

- The provider follow-up visit must be completed within 120 days after the member has attended his/her 6th Shape Your Life class.
- Please provide healthy weight counseling to the member and, if needed, provide ongoing care related to healthy weight.
- **You must sign or stamp this form for the member to receive the \$50 gift card.**
- Your office needs to fax this form to CalOptima at **714-338-3140**. Or mail it to CalOptima Health Management department at 505 City Parkway West, Orange, CA 92868.

Date of Follow-up Visit:

BMI at Follow-up Visit:

Provider (Doctor) Name (printed):

Signature/Stamp:

Phone Number:

