



## **Healthy Behaviors Rewards Program Referral Form for Florida Healthy Kids**

I would like to refer the Florida Healthy Kids member named below to one or more of the Healthy Behaviors Rewards Programs. I have verified the member’s name and contact information below.

Provider name:
Provider telephone:
Provider fax:
Provider email:
Please check one or more programs that you believe will benefit the member listed below: <input type="checkbox"/> Alcohol and Drug Abuse Healthy Behaviors Rewards Program <input type="checkbox"/> Quit Smoking and Using Tobacco Healthy Behaviors Rewards Program <input type="checkbox"/> Weight Management Healthy Behaviors Rewards Program <input type="checkbox"/> Maternity Child Services Healthy Behaviors Rewards Program <input type="checkbox"/> Well-Child Visits Healthy Behaviors Rewards Program <input type="checkbox"/> Asthma Management Healthy Behaviors Rewards Program
Member name:
Member telephone:
Member street address:
Member city, state, ZIP code:

Email this completed form to [healthybehaviors@simplyhealthcareplans.com](mailto:healthybehaviors@simplyhealthcareplans.com) or fax to **1-877-614-5321**.

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

<https://provider.simplyhealthcareplans.com/florida-provider>

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