

# Go365 by Humana® Prevention Activity



There are two ways to receive rewards for participating in the Go365 program. You may wait until your medical claim has been received and processed by Humana or you may complete the form and send in your proof of completion. Please be aware that the activity must be completed within the program year and we must receive the completed form by December 15 to guarantee processing before year end. Rewards expire at the end of the year. Please keep a copy of the completed form for your records.

## How to use this form:

1. Fill out this form completely
2. Obtain proof of each completed prevention activity from your doctor
3. Send this completed form and one form of proof for each completed activity to Go365

Examples of valid proof for this activity include:

- Provider signature, provider name, and phone number and date filled in below
- The form or receipt documenting the date and service description
- Copy of the Explanation of Benefits that includes the dates and description of the service

## Consent to release and use of information

I consent to the release of my fitness / medical information and test results (if applicable) to Go365. A photocopy of this consent shall be as effective and valid as the original. This consent shall be considered valid for one year from the date signed.

Member signature:

Date (MM/DD/YYYY):

**Proof needs to be submitted for each prevention activity completed. Multiple activities can be submitted per form. You don't need to complete and submit this form with proof if your doctor submits a medical claim to Humana.**

## Member information – please print

Member ID number

First name:

Last name:

Date of birth (MM/DD/YYYY):

Phone number:

## Prevention activity (completed within this program year)

Activity	Date of service (MM/DD/YYYY):
Annual Wellness Visit (Exam)*	
Bone Density Test	
Breast cancer screening (mammogram) (Female, 40+ years)	
Colorectal screening or in-home prevention screening kit (Female or Male, 45+ years)	
Other (please list)	

## Provider details (section is optional if additional proof is included)

Signature:

Provider name:

Phone number:

Date:

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\*While both are important, a checkup and an annual wellness visit are not the same thing. A wellness visit is more like a planning session where you and your doctor can spend time talking about your health and your lifestyle— with the goal of creating a health plan just for you.

### Send the completed form any of these ways:

Online: Sign in to [Go365.com](https://Go365.com). In the top navigation, click on Prevention

Mail: Go365

P.O. Box 14613

Lexington, KY 40512-4613

**Important Note:** Go365 reserves the right to confirm the accuracy of all information received and we may audit your submission at any time. Invalid or inaccurate submissions will result in the denial or removal of rewards. Rewards have no cash value and must be earned and redeemed within the same plan year. Rewards not redeemed by December 31 will be forfeited.

## Important

### At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:  
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618  
If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

### Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

### Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

**Español (Spanish):** Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

**繁體中文 (Chinese):** 撥打上面的電話號碼即可獲得免費語言援助服務。

**Tiếng Việt (Vietnamese):** Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

**한국어 (Korean):** 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

**Tagalog (Tagalog – Filipino):** Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

**Русский (Russian):** Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

**Kreyòl Ayisyen (French Creole):** Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

**Français (French):** Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

**Polski (Polish):** Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

**Português (Portuguese):** Ligue para o número acima indicado para receber serviços linguísticos, grátis.

**Italiano (Italian):** Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

**Deutsch (German):** Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

**日本語 (Japanese):** 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

**فارسی (Farsi)**

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

**Diné Bizaad (Navajo):** Wóda'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá' jiik'eh saad bee áká'ánída'áwo'déé' níká'adoowoł.

**العربية (Arabic)**

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

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