

Go365 Prevention Activity



To receive your Points, you must send this completed form along with valid proof of participation, within 90 days of completing the activity. This form can be used for more than one prevention activity. Please keep a copy of the form and proof for your records.

Proof should be submitted for each prevention activity completed. Multiple activities can be submitted per form. You don't need to submit this form or proof if your doctor submits a medical claim to Humana, unless it is for the COVID-19 vaccine.



How to use this form:

1. Get proof of the completed prevention activity
2. Fill out this form completely
3. Submit this form and one form of proof for each activity to Go365®

Examples of valid proof for this activity include:

- Copy of the Explanation of Benefits that includes the dates of service and description of the service
- The doctor's claim form showing the relevant Current Procedural Terminology (CPT) or billing codes
- The record or certificate / receipt documenting the date and service description

Member information – please print

Member ID number:

First name:	Last name:
Date of birth (MM/DD/YYYY)	Phone number:

Adult prevention activity

Note: Child submissions are in the following section.

Activity	Date of service (MM/DD/YYYY):
Colorectal screening (45+ years)	
COVID-19 vaccination (18+ years)	
Dental exam (18+ years)	
Flu shot (18+ years)	
Mammogram (female, 40+ years)	
Pap test (female, 18+ years)	
Prostate check (male, 40+ years)	
Vision exam (18+ years)	

Go365 Prevention Activity

Child prevention activity

Note: Go365 defines a child as being 17 years of age or younger.

Activity	Date of service (MM/DD/YYYY):	Activity	Date of service (MM/DD/YYYY):
Dental exam		Preventive care visit	
Flu shot		Vision exam	
Immunizations			

Consent to release and use of information

I acknowledge that I or my child has completed the activity(s) listed and that the information I am submitting is accurate and complete. I understand and agree that Go365 and its representatives have the right to review and verify the information provided for this activity.

Member signature if you are 18 or older:	Date (MM/DD/YYYY):
Parent / guardian signature required if member is 17 or younger:	Date (MM/DD/YYYY):



Mail the completed form to the following address:

Go365
P.O. Box 14613
Lexington, KY 40512-4613



Skip the form and submit proof in the Go365 App or website for select prevention activities:

Go365 App: Select "Activities"
Go365.com: Select "Activities" from top navigation and then select "Prevention"

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 Bucks and/or Points.

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, marital status, or religion. 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 **1-877-320-1235** 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, **1-800-368-1019**, **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: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (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. 1-877-320-1235 (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 béesh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك