



CONTROL YOUR ASTHMA GIFT CARD PROGRAM

You can fill this out online at RightCare.SWHP.org/Members/Forms-Tools on your phone or computer.

Asthma: Refill your asthma controller medicine regularly

\$50 gift card for getting all refills during a 12 month period

To get this you must:

1. Be prescribed a controller asthma medicine
2. Be between ages of 5 and 64
 - a. The time starts when you turn 5
 - b. The time ends when you turn 65 years old
3. Be a RightCare member during all 12 dates of refills
4. You must be a RightCare member for 6 months before counting the refills
5. Fill out this form online or mail it to us at the address below
6. Requests must be received within 3 months of your last refill date

NOTE: This is not for fast-acting inhalers or rescue medicine.

TO BE COMPLETED BY MEMBER

Member Name: _____ Date of Birth: _____
 RightCare ID Number: _____ Phone #: _____

REFILL DATES:

1 st : _____	5 th : _____	9 th : _____
2 nd : _____	6 th : _____	10 th : _____
3 rd : _____	7 th : _____	11 th : _____
4 th : _____	8 th : _____	12 th : _____

Name of Asthma Controller Medicine: _____ Date 1st Prescribed: _____
 Doctor Name: _____ Doctor Phone #: _____

***Incomplete requests may be returned. Paper vouchers can be mailed to the address below.**

RightCare from Scott & White Health Plan
 MS-A4-144
 ATTN: Member Affairs
 1206 West Campus Drive
 Temple, Texas 76502-9915

1-855-TX-RIGHT (1-855-897-4448)
 TTY 7-1-1
www.rightcare.swhp.org