Sentara® Health Plans

OUT-OF-AREA DEPENDENT CHILD NOTIFICATION
For use with the Out-of-Area Dependent Program

This form is required for dependent children living outside of the Sentara Health Plans service area in order for them to utilize the PHCS/MultiPlan national network. Except for emergencies, out-of-area dependents must see a participating PHCS provider in order for their claim to be covered. If you have any questions, please call member services at the number listed on your member ID card.

TO ENSURE ACCURATE CLAIMS PAYMENT,
THIS FORM MUST BE COMPLETED ***ANNUALLY*** AND RETURNED

Via mail:	**or** via fax:	**or** via email:
SENTARA HEALTH PLANS ATTN: ENROLLMENT DEPT. PO BOX 66189 VIRGINIA BEACH, VA 23466	757-963-0205	Commonwealth_VA@sentara.com

Group Number: _____ Group Name: _____

Effective Date of Coverage: _____ Product: Vantage

Primary Subscriber's Name: Your Date of Birth: Your COVA Employee ID number:

_____ ___/___/___ _____
Last First MI

Enter the name(s) and address(es) of where your eligible dependents will be living while out-of-area:

Dependent 1
Name _____
Date of Birth _____
Address _____
City, State, Zip _____
Telephone _____

Dependent 2
Name _____
Date of Birth _____
Address _____
City, State, Zip _____
Telephone _____

Dependent 3
Name _____
Date of Birth _____
Address _____
City, State, Zip _____
Telephone _____