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.

TO ENSURE ACCURATE CLAIMS PAYMENT,
THIS FORM MUST BE COMPLETED 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

Your Name: Your Date of Birth: Your COVA Employee ID number:

_____ ___/___/___ _____

Last First MI

Enter the name(s) and address(es) of your eligible dependents who are 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 _____