



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

This form is required for dependent children living outside of the Optima Health service area in order for them to utilize the PHCS 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
OPTIMA HEALTH ATTN: ENROLLMENT DEPT. 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462	(757) 963-0205	Commonwealth_VA@sentara.com

Group Number: 3262

Group Name: Commonwealth of Virginia

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 _____