



Grand Valley Health Plan

GVHP HealthNet

MEMBER USERNAME REQUEST FORM

Thank you for your interest in our new online tool, the GVHP HealthNet. We're excited to bring you this easy and innovative way to check your eligibility and claims information, order additional identification cards and gain access to other secure features.

Member First Name:		Member Last Name:	
Date of Birth:	Email Address: (please print legibly)		
Subscriber ID # (on front of ID card):		Family Health Center Location:	

Grand Valley Health Plan requires those who access the GVHP HealthNet to be over the age of 18. A Member will only have access to his/her own health information. GVHP's first priority is the security and privacy of our Members. Because of this, we require all Members to personally deliver this completed form to their Family Health Center in order to confirm identity with a picture ID. A Family Health Center Representative will sign off on this form authorizing a username to be created. Within five business days, an e-mail will be sent to the above listed e-mail address containing GVHP HealthNet logon information.

Signature of Member

Date

Verification from Family Health Center Representative

Date

*****Before your HealthNet username is created, you MUST personally deliver this completed form to your Family Health Center in order to confirm identity. If you have any questions, please call Customer Service at (616) 949-2410. Thank you.**