



Grand Valley Health Plan

Choose Well

**Out-of-Area Waiver
Grand Valley Health Plan**

829 Forest Hill Ave., S.E.
Grand Rapids, MI 49546
(616) 949-2410

I understand that my place of residence is outside of the Grand Valley Health Plan licensed Service Area. I further understand that only life-threatening or disabling emergencies are covered out of the Service Area. I also understand that all of my routine and follow-up care must be provided, or authorized, by Grand Valley Health Plan. This limitation also applies to all dependents covered under my plan.

Failure to obtain prior authorization for non life-threatening emergency services will result in payment denial by Grand Valley Health Plan.

With the above understanding I request that Grand Valley Health Plan enroll me, along with my dependents, as members of Grand Valley Health Plan.

Signature of Subscriber

Date

Signature of Adult Dependent or Witness

Date