Dickinson

COVENTRY HEALTHAMERICA

Value Based Insurance Design (VBID) Enrollment Form

Condition(s) Enrolling In:

❒ Diabetes ❒ Asthma ❒ Coronary Artery Disease (CAD)
❒ Heart Failure ❒ Chronic Obstructive Pulmonary Disease (COPD)

First Name: _____ MI:___ Last Name:_____

Street Address: _____

City: _____ State:_____ Zip code:_____

Home Phone: _____ Mobile Phone (optional): _____

Business Phone (optional):_____

E-mail (optional): _____

Date of Birth (mmddyyyy): _____

HealthAmerica Member ID #: _____

Relationship To Employee: ❒ Self ❒ Spouse / Same-Sex Domestic Partner ❒ Child

Please send form to:

Fax: 866-804-4862
E-mail: DickinsonVBID@cvty.com
Mail:
HealthAmerica
Attn: Jean Enders
3721 TecPort Drive
Harrisburg, PA 17111

For questions about the VBID program, please call HealthAmerica member services at 1-800-252-5742.