

Guest Advantage™ Application

Guest AdvantageSM Guest Service Application

I request participation in the Guest Advantage program offered by AmeriHealth HMO, Inc. and AmeriHealth Insurance Company of New Jersey ("AmeriHealth New Jersey") in the applicable benefit contract. I understand that, in order to be considered for enrollment in the program by the date requested, I should apply no less than 30 days prior to my first day outside the AmeriHealth New Jersey service area.

I acknowledge that the benefit program providing coverage to myself or eligible dependents as members of the Guest Advantage program may vary from the in-network benefits I may access through AmeriHealth New Jersey. I understand that I will need to precertify certain services in accordance with the materials provided to me from AmeriHealth New Jersey. I understand and agree that if I do not receive precertification from AmeriHealth New Jersey for the services required to be precertified that I will be liable for some or all of the costs of the unauthorized medical care I receive.

I understand that I may remain enrolled in Guest Advantage for no longer than one year. I understand that I must re-apply for extensions. I understand that Guest Advantage will cover out-of area dependents if mandated by court order/agreement. I understand that proof must be provided for all applicants.

I understand that I need to remain in the MultiPlan network in order to receive the out-of-area coverage provided by the Guest Advantage program. I understand that my coverage automatically reverts to my home area on a pre-defined date set by me and the plan at the time of application/enrollment. I understand that it is my responsibility to notify AmeriHealth New Jersey if I return home sooner than documented. I understand that I must utilize AmeriHealth New Jersey service area providers if I return home temporarily.

I understand that I must notify AmeriHealth New Jersey in advance if I wish to use out-of-network benefits while under Guest Advantage.

Because Primary Care Physicians can give advice and provide recommendations about health care services that I may need while traveling, I understand that I am encouraged to receive routine care or planned care prior to leaving home. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

I hereby certify that all information stated in this application is truthful and correct to the best of my knowledge.

Subscriber Signature

Date

Guest Advantage Member Signature
(Parent/Guardian for Minor)

Date

COMPANY USE ONLY

Type of Guest Advantage (check one) Families Apart Student Short Term Work Traveler
 New Renewal (check one)
Period of Guest Advantage to
Effective date
Reason for denial
Has supporting documentation been provided? Yes No If yes, describe

