OPTIMA HEALTH PLAN
4417 Corporation Lane
Virginia Beach, VA 23462

Member #:
Patient Name:
Group Number#
Enrollment Date:

Claim #:
Date of Service:
Provider:

Dear Member:

Optima Health has received a request for payment of a claim for the patient listed above. As you are aware, this Plan has a 12-month pre-existing condition exclusion period. This means that health plan coverage is in effect but certain medical conditions present before the enrollment date may not be covered for up to 12 months. The Plan will only apply a pre-existing condition exclusion to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the 6-month period ending on the enrollment date.

Please complete this form and return it to Optima Health in the enclosed envelope. We have sent a similar form to the patient's physician. Both forms must be completed and returned to Optima Health before the claim can be considered for payment.

Please check all that apply to the patient referenced above. During the six month period ending on the enrollment date has the patient received any medical advice, diagnosis, care or treatment for any of the following conditions?

CHRONIC CONDITION	YES	NO	PHYSICIAN	DATES OF SERVICE
Disorders of the muscles, bones, or joints				
Asthma or other respiratory condition				
Allergies				
Circulatory or any blood disorders; including anemia				
Heart Disease, Heart Attack, COPD, Angina				
High Blood Pressure / hypertension or hypotension				
Cancer, malignant or benign tumors, or Leukemia				
Neurological conditions, epilepsy, seizures, stoke, chronic headaches, migraines, paralysis; partial or total				
Digestive system conditions; intestinal problems, colitis gallbladder disease or stones, ulcers or stomach problems				
Diabetes; Type 1 or Type 2				
Thyroid problems, goiter, or other metabolic disorder				
Chronic diseases of the eyes, ears, nose, or throat				
AIDS or HIV				
Kidney disease, kidney failure, or kidney stones				
Liver condition				
Lupus or any disorders of the immune system				
Emotional or mental conditions				
Please tell us about any other chronic conditions not mentioned above:				

If the patient was covered by another health plan during the 12 months prior to enrollment with Optima Health you can submit evidence of credible coverage to Optima Health to reduce the pre-existing condition exclusion period. If you have any questions concerning pre-existing conditions or creditable coverage please call the member service phone number on the back of your insurance card.