



Conversion Enrollment Form

PLEASE MAIL THIS APPLICATION TO:
WESTERN HEALTH ADVANTAGE
CONVERSION SPECIALIST
2349 GATEWAY OAKS DR STE 100
SACRAMENTO, CA 95833

CONVERSION Effective Date: _____

CALIFORNIA LAW PROHIBITS AN HIV TEST FROM BEING REQUIRED OR USED BY HEALTH CARE SERVICE PLANS AS A CONDITION OF OBTAINING HEALTH COVERAGE.

SECTION I – ENROLLEE DATA

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	SS#	Date of Birth: / /	
Employee Name: First	Last	MI	
Address	City	ST	Zip
Billing Address	City	ST	Zip
Home Phone ()	Work Phone ()	Existing Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician ID#	Physician Name	Medical Group	

SECTION II – SPOUSE/DEPENDENTS TO BE COVERED

Please list all family members to be covered by this enrollment form. Use back of form or make a copy to list additional dependents.

If dependent child is age 19 or over, is he/she a full-time student? Yes No

Name: First	Last	MI	
Relationship	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /	Existing Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician ID#	Physician Name	Medical Group	
Name: First	Last	MI	
Relationship	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /	Existing Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician ID#	Physician Name	Medical Group	
Name: First	Last	MI	
Relationship	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /	Existing Patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
Physician ID#	Physician Name	Medical Group	

SECTION III – SIGNATURE REQUIRED FOR ARBITRATION AGREEMENT AND TERMS & CONDITIONS– READ CAREFULLY

- A. I hereby apply to enroll in the Western Health Advantage Individual (Conversion) Plan. I understand that all services must be obtained from plan doctors, and I agree to and understand the following.
- B. Terms and Conditions
- To be bound by Western Health Advantage Individual (Conversion) Plan Membership Agreement and Disclosure Form and Evidence of Coverage (“Agreement”).
 - To pay dues and premiums in advance for each month within 30 days of receiving an invoice from Western Health Advantage.
 - Western Health Advantage or a designee shall have access to and use of my medical records and the medical records of my dependents, including mental health medical records and medical records from drug and alcohol abuse treatment or prevention, for purposes of utilization review, quality assurance, surveys, processing of claims, financial audits, rating, diagnosis and treatment, billing, claims management, medical data processing and administrative or health care operations, and any other purposes authorized by law.
 - Any material omission or misrepresentation in answering the questions on this Conversion Enrollment Form may result in the denial of benefits and the termination of my and/or my Dependents’ membership in Western Health Advantage.
 - Coverage shall not begin until acceptance of this enrollment by Western Health Advantage. Upon acceptance of my enrollment, Western Health Advantage shall be bound by the terms of the Agreement, and any Amendments to either of those.
 - I have received, read, understand and agree to the terms and conditions of the Western Health Advantage Individual (Conversion) Plan Membership Agreement and Disclosure Form and Evidence of Coverage, Provider Directory and this Conversion Enrollment Form.
 - My Dependents and I must live in Western Health Advantage’s service area.
 - I represent that the information supplied is true.
- C. Arbitration Agreement: I agree and understand that any and all disputes between myself (including any heirs or assigns) and Western Health Advantage, including claims of medical malpractice (that is as to whether any medical services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently or incompetently rendered), except for Small Claims Court cases and claims subject to ERISA, shall be determined by submission to binding arbitration. Any such dispute will not be resolved by a lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. The parties, including any heirs or assigns, to this agreement are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration.

_____ Date

_____ Signature of Applicant

_____ Print Name