GEISINGER HEALTH PLAN

Geisinger

First Health® Network authorization form

The First Health Network provides out-of-area coverage to employees and/or dependents who live outside of the Geisinger Health Plan* service area and who do not have access to Geisinger Health Plan preferred providers.

Eligible employees and dependent(s) living outside the Geisinger Health Plan* service area may use the First Health provider network for out-of-area services. First Health gives you a network of more than 5,000 hospitals, over 90,000 ancillary facilities and over 550,000 professional providers at over 1 million health care service locations.

Here's how to find First Health providers online:

1. Go to MyFirstHealth.com and click the "Start Now" button.
2. Pick a provider type.
3. Choose to search by ZIP code or state (to include more search options, click "Show more options." You can search by provider name, specialty or condition).
4. Click the "Search now" button.

Or, you can call our customer care team at 800-447-4000 to verify provider participaton.

If you need out-of-area coverage for you and/or your dependent(s), complete the forms on the following pages.

*Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Group information

Group name:	Group number:

Employee and dependent information

Legal name (list last name if different than applicant)			Social security number	Employee ID	Relationship	Require out-of-area
First	MI	Last			Employee	☐ Yes ☐ No
Address			City		State	Zip

Legal name (list last name if different than applicant)			Does the dependent reside outside of GHP service area?		Relationship	Require out-of-area
First	MI	Last	Yes, as of ___/____/_____ (MM/DD/YYYY)	☐ No	☐ Husband ☐ Wife ☐ Domestic partner	☐ Yes ☐ No
Address			City		State	Zip

Legal name (list last name if different than applicant)			Does the dependent reside outside of GHP service area?		Relationship	Require out-of-area
First	MI	Last	Yes, as of ___/____/_____ (MM/DD/YYYY)	☐ No	☐ Son ☐ Daughter ☐ Other**	☐ Yes ☐ No
Address			City		State	Zip

Legal name (list last name if different than applicant)			Does the dependent reside outside of GHP service area?		Relationship	Require out-of-area
First	MI	Last	Yes, as of __/___/_____ (MM/DD/YYYY)	☐ No	☐ Son ☐ Daughter ☐ Other**	☐ Yes ☐ No
Address			City		State	Zip

Legal name (list last name if different than applicant)			Does the dependent reside outside of GHP service area?		Relationship	Require out-of-area
First	MI	Last	Yes, as of ___/____/_____ (MM/DD/YYYY)	☐ No	☐ Son ☐ Daughter ☐ Other**	☐ Yes ☐ No
Address			City		State	Zip

Legal name (list last name if different than applicant)			Does the dependent reside outside of GHP service area?		Relationship	Require out-of-area
First	MI	Last	Yes, as of ___/____/_____ (MM/DD/YYYY)	☐ No	☐ Son ☐ Daughter ☐ Other**	☐ Yes ☐ No
Address			City		State	Zip

**In the space below, list any disabled child over the age of 26 and/or describe instances where you selected "Other" as your dependent relationship. Note: Documentation obligating the applicant or the applicant's spouse, if applicable, to provide healthcare coverage to dependent(s) will be required. All dependent(s) must meet eligibility criteria.

Dependent(s) Name	Gender	Disabled	Description of legal relationship
	☐ Female ☐ Male	☐ Yes ☐ No	
	☐ Female ☐ Male	☐ Yes ☐ No	
	☐ Female ☐ Male	☐ Yes ☐ No	
	☐ Female ☐ Male	☐ Yes ☐ No	
	☐ Female ☐ Male	☐ Yes ☐ No	
Note: If any dependent(s) for which you are applying do not live at the address in the applicant (employee) information section, indicate name(s) and reason(s) why they do not live at that address in the space provided below. If your dependent(s) live with a custodial parent, provide name of custodial parent.			

Employee signature: _____ Date: _____

Employee name (printed): _____

Employee signature: _____ Date: _____