



VISTA HEALTHPLAN OF SOUTH FLORIDA INDIVIDUAL HMO NEWBORN & ADOPTED CHILD REGISTRATION FORM

Newborn: Yes No Adopted: Yes No
 (If you answered "No" to both questions, do not complete this form)

I. Subscriber's Information (Parent or Legal Guardian of Child)

Last Name	First Name	MI	Social Security Number
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II. Child's Information

Last Name		First Name		MI	Social Security Number (if available)	
Date of Birth	Sex	Relationship to Subscriber			Home Phone ()	
Street Address			City	State	Zip Code	County

III. Benefit Information

Effective Date [(Internal Use Only)]		
Plan Design Selected:		<input type="checkbox"/> Maternity Rider <input type="checkbox"/> Dental Rider <input type="checkbox"/> Prescription Drug Rider
Provider's Name (Last, First, MI)	Office Location (City)	Provider Number

IV. Premium Information

Monthly Premium for Plan Selected \$		
Method of Payment <input type="checkbox"/> Billed Annually * <input type="checkbox"/> Billed Semi-Annually * <input type="checkbox"/> Electronic Funds Transfer (EFT) **		
Premium Check Enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No	Void Check Enclosed (EFT Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	

* Premium check must be enclosed with this completed form, otherwise, this application will not be accepted.

** For EFT payment method, a separate EFT Authorization Form must accompany this Registration Form.

If this Registration Form is not received by Vista Healthplan of South Florida within 60 days of the birth of a newborn or adoption of a child, Vista Healthplan of South Florida may deny coverage of the child due to failure of the subscriber to timely notify the plan.

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Subscriber's Signature (in ink)	Date Signed
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Mail To:
Vista Healthplan of South Florida
Attn: Individual Enrollment
 300 S. Park Road
 Hollywood, Florida 33021
 (954) 965-3409 (fax)