

PAVF Enrollment Form

Please Note: Incomplete information may delay processing of this form.

Partner Information

Partner Organization Name	
VBA Group Number/Subgroup Number	
Contact Person Name	Phone
Email Address	Fax

Patient Information	Transaction Type	Enroll	<input type="checkbox"/>	Terminate	<input type="checkbox"/>
	Benefit Claim Form Language	English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>

Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Birthdate (MM/DD/YY)	Member ID	

Patient Information	Transaction Type	Enroll	<input type="checkbox"/>	Terminate	<input type="checkbox"/>
	Benefit Claim Form Language	English	<input type="checkbox"/>	Spanish	<input type="checkbox"/>

Last Name	First Name	Middle Initial
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Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Birthdate (MM/DD/YY)	Member ID	

After completing the Enrollment Form, you may email, fax or mail to:

- pavf@vbaplans.com
- 412-881-4898
- VBA 400 Lydia Street Suite 300 Carnegie PA 15106