

Pt. Label Here



Coordination of Benefits Questionnaire

Please print using blue or black ink

Your insurance plan may contain a Coordination of Benefits (COB) provision. COB clarifies which plan is *primary* and *secondary* when two or more health insurance plans cover the patient. We need to learn about any health insurance coverages you may have.

Name of Primary Insurance Carrier:	
Policyholder Name:	
Policy/Member ID #:	
Group #:	

OTHER INSURANCE:

Is the patient covered by another medical or dental insurance policy or any other policy? *Please check one*

- No, I don't have any other insurance:**
If *No*, please sign, date and return this questionnaire.
- Yes, I have additional insurance: (Health or Dental - circle one)**
If *Yes*, please complete Section A below, then sign, date and return this questionnaire.

List dependent(s) on both policies	Relationship	Date of Birth	Sex	Effective Date
			M or F	
			M or F	
			M or F	

Section A: Secondary Insurance Policy Information

Type of Policy/Plan (circle one): Group Individual Medicare Medicare Supplemental Student

Name of Secondary Insurance Carrier:	
Policyholder Name:	
Policy/Member ID #:	
Group #:	
Policyholder's Date of Birth:	
Effective Date of Policy:	
Insurance Carrier Address:	
Insurance Carrier City, State, Zip:	
Insurance Carrier Phone Number:	

Is the policyholder:
Actively working? YES / NO Inactive or Retired? YES / NO (if yes-Retirement Date: ___/___/___)

If on COBRA, this began: ___/___/___

Employer Information	
Policyholder's Employer:	
Employer's Address:	
Employer's City, State and Zip:	
Employer's Phone Number:	

Signature of Policy Holder Required: _____ **Date:** ___/___/___

“COB” – Coordination of Benefits

You have been asked to fill out the “COB form” because you have a commercial insurance plan. Many insurance companies will delay payment on your claim until they clarify your coverage details. If you only have one insurance plan, completing and signing this form may help expedite payment on your claim; if you have two plans, this form will help avoid delays in payments and prevent payments in excess of 100% of charges.

COB was established as a method by which two or more carriers or plans could coordinate their respective benefits. In Illinois, the COB Regulation specifies how benefits are to be coordinated by insurance companies issuing group policies in the state.

Who Pays First? Who Pays Second?

The primary carrier is the plan that pays first, the secondary carrier pays second and on down the line. The COB Regulation provides guidelines for the general order by which the primary carrier and secondary carrier(s) are determined as follows:

Employee, Member or Subscriber

- The plan that covers you as an employee, member or subscriber is primary over the plan that covers you as a dependent.
- The plan that covers you as an active employee (not as a laid-off employee or retiree) is primary over the plan that covers you as a laid-off employee or retiree.
- If you are covered as an employee, member or subscriber under more than one plan, but are covered under state or federal continuation (COBRA) under one of the plans, then:
 - The plan covering you as an employee, member or subscriber is primary over the plan covering you under state or federal continuation (COBRA).
- If you are covered as an employee, member or subscriber under more than one plan, and none of the above rules apply, then:
 - The plan that has been in effect the longest is primary, back to your original effective date under your employer group, whether or not the insurance company has changed over the course of coverage.

Dependent Children of Parents Not Separated or Divorced

- Birthday Rule - The plan covering the parent whose birthday falls earlier in the year is the primary carrier.
- If both parents have the same birthday, the plan that has provided coverage longer is the primary carrier.

NOTE: Birthday refers only to the month and day in a calendar year, not the year in which the person was born.

Dependent Children of Separated or Divorced Parents

If your child is covered by more than one group plan and you are separated or divorced from the other parent, the plans must pay in the following order:

- First**, the plan of the parent with custody of the child;
- Then**, the plan of the spouse of the parent with custody of the child;
- Finally**, the plan of the parent not having custody of the child.

However, if terms of a court decree state that one parent is responsible for the health care expenses of the child, and the insurance company has been advised of the responsibility, that plan is primary carrier over the plan of the other parent.

Medicare and COB

If you are covered by Medicare and have other group insurance as well, the COB rules are set by the Centers for Medicare & Medicaid Services (CMS). The following table provides general guidelines for Medicare and COB.

If you	Condition	Pays first	Pays second
Are age 65 and older and covered by a group health plan because you are working or are covered by a group health plan of a working spouse of any age (as long as the policy has not been converted to a supplemental policy)	The employer has less than 20 employees	Medicare	Group health plan
	The employer has 20 or more employees	Group health plan	Medicare
Have an employer retiree plan and are age 65 or older or disabled age 65 or older	Eligible for Medicare	Medicare	Retiree Coverage
Are disabled and covered by a large group health plan from your work, or from a family member who is working	The employer has less than 100 employees	Medicare	Group health plan
	Employer has 100 or more employees	Large group health plan	Medicare
Have End-Stage Renal Disease and group health plan coverage (including a retirement plan)	First 30 months of eligibility or entitlement to Medicare	Group health plan	Medicare
	After 30 months	Medicare	Group health plan
Are covered under worker's compensation because of a job-related injury or illness	Eligible for Medicare	Workers' compensation for worker's compensation related services	Medicare
Have black lung disease and are covered under the Federal Black Lung Program	Eligible for Federal Black Lung Program	Federal Black Lung Program for black lung related services	Medicare
Have been in an accident where no-fault or liability insurance is involved	Eligible for Medicare	No-fault or Liability insurance, for accident related services	Medicare
Are age 65 or over OR disabled and covered by Medicare and COBRA	Eligible for Medicare	Medicare	COBRA
Have End-Stage Renal Disease and COBRA	First 30 months of eligibility or entitlement to Medicare	COBRA	Medicare
	After 30 months	Medicare	COBRA

In recent years, it has been our experience for some Employer Group Policies to convert the members full coverage to a supplemental policy automatically when the patient becomes Medicare eligible. This requires the Medicare Part B premium to be paid by the member. It also means that even though the member is working full time, their Medicare will be primary.