

In order to process claims, this form <u>must</u> be completed and returned to Blue Cross of Idaho. You may call 800-289-8614 for coordination of benefits.

COORDINATION OF BENEFITS

Dear Blue Cross of Idaho Enrollee:

Before we can process your claims, we must know if you, your spouse or dependents have other health insurance coverage. We will confirm this information with you annually.

The reason for this request is that your Blue Cross of Idaho Agreement has a coordination of benefits provision. If you or your family members have coverage under more than one Blue Cross/Blue Shield Plan or through another carrier, the benefits are coordinated so the carriers do not make duplicate payments for service.

	me and Birth Date of Policy Holder on Other Insurance				tionship to Cross of Idaho	Enrollee	Name of Other Group Insurance Plan		Other Insurance Phone # (Area) Telephone Number
Address You Send You	r Claims to						City	State	Zip
This Coverage is for:	☐ Medical	Includes:	☐ Spouse	☐ Self	☐ Children	Identificat	ion Number of Other Plan		☐ Group ☐ Act
	☐ Vision	Includes:	☐ Spouse	☐ Self	☐ Children				☐ Individual ☐ Re
	Dental	Includes:	☐ Spouse	☐ Self	☐ Children	Effective	Date of Other Coverage		Termination Date
	□ Rx	Includes:	☐ Spouse	☐ Self	☐ Children				
PART 2 - OTHE	R REQU	IRED IN	FORMATIC	N					
your spouse, or	are any of	your dep	endents, cu	rrently e	mployed?	☐ Yes, co	mplete this section <pre></pre>	go to Part 3	
Spouse's Birth Da	te:								
so, please list fa	mily memb	er name,	relationship	and pla	ce of employ	ment.			
	Name				ationship	_	Employer		City, State
,	vame			nei	αιιστιστιιρ		Employer		Oily, State
Name -				Rela	ationship	_	Employer		City, State
ART 3 – MEDI	CARE								
o you or any of y	our depen	dents hav	e Medicare	coverag	e? 🗇 Ye	s, comple	te this section No, go to	o Part 4	
		l and Mad	licare Numb	or.					
) Name of person	on covered	i and ivieu	icaic ivallib	CI.					
			ilicare ryamb			N	ame		Medicare Number
) Is person nam	ned covere	d under:			☐ Yes	No □ No		e:	
) Is person nam 1. Medicare F	ned covere	d under: spital Serv	ices)		☐ Yes		Effective Date		Medicare Number
) Is person nam	ned covere Part A (Hos Part B (Phy	d under: spital Serv	ices)		_	□ No	Effective Date	e:	
) Is person nam 1. Medicare F 2. Medicare F	ned covere Part A (Hos Part B (Phy Disability	d under: spital Serv /sician Se	ices) rvices)		☐ Yes	□ No	Effective Date Effective Date	ə: ə:	
Is person nam Medicare F Medicare F Medicare I Medicare I Medicare/F	ned covered Part A (Host Part B (Phy Disability End Stage	d under: spital Serv vsician Se Renal Dis	rvices) rvices)		☐ Yes	□ No □ No □ No	Effective Date Effective Date	ə: ə:	
1. Medicare F 2. Medicare F 3. Medicare E 4. Medicare E 4. Medicare E PART 4 - CHILI	ned covered Part A (Host Part B (Phy Disability End Stage	d under: spital Serv vsician Se Renal Dis	ices) rvices) ease DRMATION		☐ Yes☐ Yes☐ Yes☐ Yes	□ No □ No □ No	Effective Date Effective Date Effective Date	e: e:	
1. Medicare F 2. Medicare F 3. Medicare F 4. Medicare/E PART 4 - CHILI are the parents of	ned covered Part A (Host Part B (Phy Disability End Stage D CUSTO any of you	d under: spital Serv sician Se Renal Dis DY INFO ur children	rvices) rvices) sease DRMATION divorced or	legally s	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No	Effective Date Effective Date Effective Date Effective Date	e: e: e: go to Part 5	
1. Medicare F 2. Medicare F 3. Medicare E 4. Medicare/E PART 4 - CHILI are the parents of	ned covered Part A (Host Part B (Phy Disability End Stage D CUSTO any of you	d under: spital Serv sician Se Renal Dis DY INFO ur children parent hav	rvices) rease DRMATION divorced or ve been divo	l legally sorced or	☐ Yes ☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No □ No □ No	Effective Date Effective Date Effective Date Effective Date mplete this section No. of	e:	of your child(ren).
1. Medicare F 2. Medicare F 3. Medicare F 4. Medicare/E PART 4 - CHILING THE PART 4 - CHILING THE PART 9 - CHILING	Part A (Hose Part A (Hose Part A (Hose Part B (Phy Disability End Stage D CUSTO any of you ild's other Mother	d under: spital Serv vsician Se Renal Dis DY INFO ur children parent haver	ices) rvices) sease DRMATION divorced or ve been divo	l legally sorced or	☐ Yes ☐ Yes ☐ Yes ☐ Yes separated? fare legally s	☐ No ☐ No ☐ No ☐ No ☐ Yes, co eparated,	Effective Date Effective Date Effective Date Effective Date mplete this section No, go please indicate who has ph Date A	e: _	of your child(ren).
1. Medicare F 2. Medicare F 3. Medicare I 4. Medicare/E PART 4 - CHILI are the parents of 5 you and your ch D Father s a parent require	ned covered and A (Hose Part A	d under: spital Serv sician Se Renal Dis DY INFO ur children parent haver decree to	rvices) rvices) rease DRMATION divorced or ve been divo	l legally sorced or	☐ Yes ☐ Yes ☐ Yes ☐ Yes separated? fare legally s	☐ No ☐ No ☐ No ☐ No ☐ Yes, coeparated,	Effective Date Effective Date Effective Date Effective Date mplete this section No. of	e: _	of your child(ren).
1. Medicare F 2. Medicare F 3. Medicare I 4. Medicare/E PART 4 - CHILI are the parents of 5 you and your ch 1 Father 5 a parent require 5 so, what other co	Part A (Hose Part	d under: spital Serv sician Se Renal Dis DY INFO ur children parent haver decree to	rvices) rvices) rease DRMATION divorced or ve been divo	l legally sorced or	☐ Yes ☐ Yes ☐ Yes ☐ Yes separated? fare legally s	☐ No ☐ No ☐ No ☐ No ☐ Yes, coeparated,	Effective Date Effective Date Effective Date Effective Date mplete this section No, go please indicate who has ph Date A	e: _	of your child(ren).
1. Medicare F 2. Medicare F 3. Medicare F 4. Medicare/E PART 4 - CHILING THE PART 4 - CHILING THE PART 9 - CHILING	ned covered Part A (Hose Part A	d under: spital Serv visician Se Renal Dis DY INFO ur children parent have er decree to as been pi	rvices) rvices) rease DRMATION divorced or ve been divo divorced ins rovided?	legally sorced or urance?	☐ Yes ☐ Yes ☐ Yes Separated?☐ are legally s	□ No □ No □ No □ No □ No	Effective Date Effective Date Effective Date Effective Date mplete this section No, go please indicate who has ph Date A	e: _	of your child(ren).
1. Medicare F 2. Medicare F 3. Medicare I 4. Medicare/E PART 4 - CHILI Are the parents of 5 you and your ch 5 Father 5 a parent require 6 so, what other c	ned covered Part A (Hose Part A	d under: spital Serv visician Se Renal Dis DY INFO ur children parent have er decree to as been pi	rvices) rvices) rease DRMATION divorced or ve been divo divorced ins rovided?	legally sorced or urance?	☐ Yes ☐ Yes ☐ Yes Separated?☐ are legally s	□ No □ No □ No □ No □ No	Effective Date Effective Date Effective Date Effective Date mplete this section No, g please indicate who has ph Date A f yes, which parent? Fat	e:	of your child(ren).
1. Medicare F 2. Medicare F 3. Medicare F 4. Medicare/E PART 4 - CHILI The the parents of you and your ch 1. Father 2. Sa parent require to so, what other country the above statem	ned covered Part A (Hose Part A	d under: spital Serv visician Se Renal Dis DY INFO ur children parent have er decree to as been pi	rvices) rvices) rease DRMATION divorced or ve been divo divorced ins rovided?	legally sorced or urance?	☐ Yes ☐ Yes ☐ Yes Separated?☐ are legally s	□ No □ No □ No □ No □ No	Effective Date Effective Date Effective Date Effective Date mplete this section No, go please indicate who has ph Date A	e:	of your child(ren).
1. Medicare F 2. Medicare F 3. Medicare F 4. Medicare/E PART 4 - CHILI Are the parents of 5 you and your ch D Father 5 a parent require 6 so, what other co PART 5 - SIGN The above statem	ned covered Part A (Hose Part A	d under: spital Serv visician Se Renal Dis DY INFO ur children parent haver decree to as been pi	rvices) rvices) rease DRMATION divorced or ve been divo divorced ins rovided?	legally sorced or urance?	☐ Yes ☐ Yes ☐ Yes Separated?☐ are legally s	□ No □ No □ No □ No □ No	Effective Date Effective Date Effective Date Effective Date mplete this section No, g please indicate who has ph Date A f yes, which parent? Fat	e:	of your child(ren).