

**DUAL INSURANCE COORDINATION OF BENEFITS**

**\*\*PLEASE COMPLETE THIS FORM BY CALLING YOUR INSURANCES AND BRING IT TO YOUR APPOINTMENT\*\***

PATIENT NAME: \_\_\_\_\_ Date of \_\_\_\_\_

Sometimes two insurance plans work together to pay claims for the same person. That process is called **coordination of benefits (cob)**.

**Understanding the Coordination of Benefits System:**

The first way that dental insurance providers **coordinate benefits** is to determine which dental insurance plan of the patient would be considered the primary plan and which dental care plan of the patient would be considered the secondary plan. BOTH INSURANCE POLICIES MUST BE AWARE OF EACHOTHER IN ORDER TO AVOID INSURANCE FRAUD! In addition, just because you have always had one insurance policy and now have added another insurance policy does not mean that the longstanding insurance policy is primary.

- **Please CALL insurance #1** and let them know you need to establish a coordination of benefits because you have another insurance policy. They will then let you know the information that they need in order to decide if they will pay as primary or secondary.

Insurance #1: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship \_\_\_\_\_

This coverage is through an: (Please indicate one)

Active employee plan \_\_\_\_\_, retiree plan \_\_\_\_\_, or a self-purchased/supplemental plan \_\_\_\_\_

Name of person you spoke to: \_\_\_\_\_

Reference # for the call: \_\_\_\_\_

PRIMARY \_\_\_\_\_ SECONDARY \_\_\_\_\_ (check one)

Is there a non-duplicating clause? YES \_\_\_\_\_ NO \_\_\_\_\_ (check one)

- **Please CALL insurance #2** and let them know you need to establish a coordination of benefits because you have insurance. They will then let you know the information that they need in order to decide if they will pay as primary or secondary.

Insurance #2: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship \_\_\_\_\_

This coverage is through an: (Please indicate one)

Active employee plan \_\_\_\_\_ Retiree plan \_\_\_\_\_ Self-purchased/supplemental plan \_\_\_\_\_

Name of person you spoke to: \_\_\_\_\_

Reference # for the call: \_\_\_\_\_

PRIMARY \_\_\_\_\_ SECONDARY \_\_\_\_\_ (check one)

Is there a non-duplicating clause? YES \_\_\_\_\_ NO \_\_\_\_\_ (check one)

**IF WE ARE UNABLE TO VERIFY COORDINATION OF BENEFITS, THE ESTIMATED ALLOWABLE PAYMENT WILL BE DUE IN FULL AT THE TIME OF SURGERY.**