

## Coordination of Benefits Questionnaire

If you have questions or need help with this form, please call the Presbyterian Customer Service Center at these numbers. We are here Monday through Friday from 7 a.m. to 6 p.m. to assist you

[Phone: (505) 923-5678]

[Toll-free: 1-800-356-2219]

[TTY Users: 1-877-298-7407]

### SECTION 1: MEMBER INFORMATION

**You may mail this form to us at this address:**

[Presbyterian Health Plan]  
 Attn.: Coordination of Benefits  
 P.O. Box 27489  
 Albuquerque, New Mexico 87125-7489

**Member Name:**

**Member Number:**

Do you or any dependent enrolled with Presbyterian have other health coverage?

**Yes** – please go to Section 2.

**No** – skip Section 2 and sign in Section 3.

### SECTION 2: OTHER HEALTH INSURANCE INFORMATION

Please complete this section if you, your spouse, or other dependents have other health insurance coverage in addition to [Presbyterian Health Plan/Presbyterian Insurance Company, Inc./ Presbyterian Salud]. This coverage is for the last 12 months. Please attach extra sheets if necessary.

Insurance Company Name:

Insurance Company Phone:

Subscriber Name:

Subscriber Number:

Group Number:

First Name:	Last Name:	Relationship:	Coverage Effective Date (mm/dd/yr):	Medical? (Y/N)	Prescription Drug Coverage? (Y/N)

If any dependent is the **child** of divorced or legally separated parents, please complete the following:

- Who has physical custody of the child? \_\_\_\_\_
- Does the non-custodial parent have financial responsibility for medical insurance designated by the divorce decree? If yes, please attach a copy of the divorce decree.       **Yes**     **No**

### SECTION 3: CERTIFICATION

I certify that the information I have provided is complete, true, and correctly recorded to the best of my knowledge.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FORM FOR PAYMENT OF A LOSS OF BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. PRESBYTERIAN HEALTH PLAN/PRESBYTERIAN INSURANCE COMPANY, INC. (PRESBYTERIAN) MAY TERMINATE A MEMBER FOR ANY TYPE OF FRAUDULENT ACTIVITY.

\_\_\_\_\_  
 Member Signature

\_\_\_\_\_  
 Date