

# C AND O EMPLOYEES' HOSPITAL ASSOCIATION

511 MAIN STREET, 2nd FLOOR  
CLIFTON FORGE, VIRGINIA 24422-1166  
TELEPHONE (540) 862-5728/5729 (800) 679-9135 FAX (540) 862-3552/4958  
1897-2019 MORE THAN 100 YEARS OF EXCELLENCE

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## COORDINATION OF BENEFITS QUESTIONNAIRE FOR 2020

In order for us to process your claims accurately, please take a moment to complete the following information and return this form to us at the above address. If you have any questions regarding this questionnaire, please call us on our toll free number at 1-800-679-9135 or locally in the Clifton Forge, Virginia area at 862-5728. We appreciate your prompt reply as we are required by Medicare to have this form completed yearly by our membership.

Do you have any health insurance, such as private insurance, insurance through your spouse or the Veteran's Administration, other than Medicare and the C and O Employees' Hospital Association?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered NO, please go to the bottom of this form. Please sign, fill in your Identification Number from your COEHA I.D. card, date this form, and return it to us at the above address.

If you answered YES, please complete the following:

Full Name of Policy Holder: \_\_\_\_\_

Type of Policy: Is this Policy a Group or an Individual Policy? \_\_\_\_\_

Name of Other Insurance Carrier: \_\_\_\_\_

Address of Other Insurance Carrier: \_\_\_\_\_

Effective Date of the Policy: \_\_\_\_\_ Policy Number \_\_\_\_\_

ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Telephone Number of the Other Insurance Carrier: \_\_\_\_\_

If you have an insurance policy strictly for cancer benefits, we do not require any information regarding this policy.

Thank you for your assistance.

Signature of COEHA Member \_\_\_\_\_

COEHA Identification Number \_\_\_\_\_ Date \_\_\_\_\_