

# C AND O EMPLOYEES' HOSPITAL ASSOCIATION

427 E. RIDGEWAY STREET · CLIFTON FORGE, VIRGINIA 24422  
TELEPHONE (540) 862-5728 (800) 679-9135 FAX (540) 862-3552

1897-Present MORE THAN 100 YEARS OF EXCELLENCE

TIM BRADEN  
VICE PRESIDENT

KENNETH R. FARLEY  
PRESIDENT

JONATHAN BARRON  
SECRETARY/TREASURER

## COORDINATION OF BENEFITS QUESTIONNAIRE FOR 2023

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 \_\_\_\_\_

Phone Number \_\_\_\_\_

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