

C AND O EMPLOYEES' HOSPITAL ASSOCIATION

427 E RIDGEWAY STREET
CLIFTON FORGE, VIRGINIA 24422
TELEPHONE (540) 862-5728 FAX (540) 862-3552
1897-2023 MORE THAN 125 YEARS OF EXCELLENCE

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COORDINATION OF BENEFITS QUESTIONNAIRE FOR 2024

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 _____