



**COORDINATION OF BENEFITS**

Some patients are covered by more than one health insurance policy. Most health insurance carriers coordinate benefits. This means both companies share the responsibility of covering the patient's medical expenses paying no more than 100% of the billed charges. This avoids duplication of payments, which would result in higher premium rates.

It is also important that we identify your health insurance coverage.

This form will provide us with the information required to coordinate payment with your other insurance company, if applicable.

**1. DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE INSURANCE COVERAGE FOR SERVICES BEING RENDERED TODAY?**

NO

YES

**2. DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE A SECONDARY HEALTH INSURANCE?**

NO

YES

If YES, please provide the name of the Secondary Health Insurance Company and policy number below.

\_\_\_\_\_

Please present insurance card(s) for electronic scanning purposes to ensure correct billing and coordination.

If your insurance changes at any point during your stay, you agree to notify the facility of the changes in your coverage.

Please be advised that if insurance information is provided greater than 1 business day after service, the insurance may deny payment for no authorization.

Your signature below indicates complete and accurate information has been provided.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Patient's Authorized Representative: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Patient Name \_\_\_\_\_

