

COORDINATION OF BENEFITS INFORMATION WORKSHEET

Member ID #: _____
 Patient Name: _____
 Provider Name: _____

In order to provide timely processing of claims, WellStar Health System has completed the Coordination of Benefits (COB) information in conjunction with the member mentioned above or the guarantor of such member.

1. Are you or any of your family members covered under another policy in addition to _____ which is the insurance currently listed as your coverage for this visit?

If "YES", please complete the information listed below. If other coverage is Medicare, skip to item 3. If "NO", please skip to Item 4.

Name of Primary Policyholder: _____ Policy ID Number: _____
 Name of Other Insurance Carrier: _____ Phone: _____
 Employer Group Name and Number: _____ Policyholder Date of Birth: _____
 Effective Date of Other Coverage: _____

Type of Other Health Insurance Plan (check all that apply):

- Medical Prescription Dental Vision

Please identify who is covered under the other policy:

Name: _____ Relationship to Policyholder: _____
 Name: _____ Relationship to Policyholder: _____
 Name: _____ Relationship to Policyholder: _____
 Name: _____ Relationship to Policyholder: _____

2. If dependent children are covered under another policy, is there any court-ordered coverage?

- Yes No *If yes, please provide the name of the child and the name of the parent or guardian responsible for coverage:*

Name of Child: _____ Person Responsible for Coverage: _____ Relationship: _____

If there is no court order, who has custody of the child? _____

3. Medicare Coverage Information:

Name	Actively Employed?	Part A effective date	Part B effective date	Medicare Number
	YES or NO			
	YES or NO			

Is Medicare related to End-Stage Renal (Kidney) Disease (ESRD)? If so, please provide the first date of renal dialysis: _____

4. I certify that the above information is correct:

Patient Signature: _____ Date: _____ Phone #: _____

WellStar Health System
805 Sandy Plains Road
Marietta, GA 30066
Customer Service Phone # 470-245-9998

WellStar

- AMC Kennestone Sylvan Grove
 AMC South North Fulton West Georgia
 Cobb Paulding Windy Hill
 Douglas Spalding _____

Coordination of Benefits Information Worksheet

