

Coordination of Benefits (COB)

From determining whether your insurance will cover the services you need to understanding how much your care will cost out of pocket, navigating the health care system can be tricky. This is especially true when more than one insurance plan could potentially cover your medical expenses. Coordination of benefits is the process by which insurance companies decide who is responsible for covering the cost of your care in this situation.

What is coordination of benefits?

Coordination of benefits (COB) is part of the insurance payment process for when more than one insurance plan potentially covers the services provided. Insurance companies coordinate benefits by following certain general principles to establish the sequence in which each will pay. The primary payer is responsible for the largest share, while secondary payers cover a portion of the remainder. Insurance companies determine the order prior to paying claims in order to ensure they pay the right amount.

What happens if the coordination of benefits is not completed?

If the coordination of benefits status is not updated, it is possible that your insurance company will refuse to pay any claims until the issue is resolved. **They may identify the amount owed as “patient responsibility,” leaving you with the full balance for your visit.** Complying with the insurance company’s request will save you time and prevent headaches down the road.

How do I handle coordination of benefits?

Your insurance company will ask you to complete a form disclosing any other health plans you may have in place. They may mail you a form requesting the information, ask that you fill out the information online, or request that you call them directly. To complete the coordination of benefits requirement, you will need to contact your insurance company and provide the requested information. You should keep a copy of any documents for your records in case any questions arise in the future. If you contact the insurance company on the phone, you should record the representative’s name and the call reference number.

How do I contact my insurance company regarding coordination of benefits?

The most common methods for contacting your insurance company are by phone, through their website, or through written correspondence.

What information do I need to gather?


You should gather the following documents:

- ID cards from all other health insurance plans.
- Full name and date of birth for each person on your plan that is covered by other insurance.

Where do I find policy information?

When you gather ID cards from all other insurance plans, review the card for the policy number, group number, and the names of anyone else you cover on your plan. Please note that your policy number may also be identified as a member ID, participant ID, or another synonym.

Contact numbers for the insurance company are usually on the back of the card.

 <p>ABC INSURANCE PARTNERS</p> <p>PPO</p> <p>1) Policy Number 356M59557</p> <p>2) Group Number 1234567</p> <p>Group Name XYZ COMPANY</p> <p>Member Name SUSAN J. SAMPLE</p> <p>3) Office Visit Copay: \$15 Specialist: \$15</p> <p>4) Emergency Room: \$150 Urgent Care: \$50 Rx: \$10/20/40</p> <p>Network Coinsurance:</p> <p>5) In 90%/10% Out 80%/20%</p> <p>6) Med/Rx Deductible Applies</p>	<p>Customer Service: 1-800-555-1234, TDD: 1-800-555-5678 M-F, 8:00 a.m. - 11:00 p.m. Pacific Standard Time</p> <p>Nurse Information Line: Call 1-800-777-7197 Hours of operation: 24 hours/ 7 days a week</p> <p>Provider Services: 1-888-777-6543, TDD: 1-800-777-3456</p> <p>Submit Claims To: PO Box 987, Claims Way, OR 97008</p> <p>This group health plan is provided by ABC Insurance Partners. While coverage remains in force, members are entitled to the benefits under the terms and conditions of the plan. This card is for identification only and is not a guarantee of coverage. Deductibles and coinsurance may apply.</p>
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Do I still need to do this if I only have one health insurance plan?

Yes. Even though you only have one health insurance plan at this time, your insurance company may refuse to pay your claims until verification is received. Insurance companies routinely check on the coordination of benefit status and may require it even when there are no other coverages to coordinate. Complying with their requests will facilitate a smoother billing process for you as a customer.