Allied Benefit Systems, Inc.
200 W. Adams St. Suite 500
Chicago, IL 60606
P 312.906.8080
F 312.906.8359
alliedbenefit.com

Coordination of Benefits Questionnaire

Group Name	Employee Name
Employee ID	**Patient Name**
Provider Name	**Date(s) of Service**
Claim Number	

Allied Benefit Systems, Inc. is the claims processor for the employer group health plan ("Plan"). To enable the Plan to process the above-referenced claim, verification of Coordination of Benefits ("COB") information is required. COB is the process of determining which of two or more plans will have the primary responsibility for processing a claim, and the extent to which the other plan(s) will contribute. COB is intended to prevent the duplication of benefits when a member is covered by more than one plan. If you have previously completed a similar questionnaire within the past 12 months, please disregard this form. Otherwise, please complete the questions below.

Other Insurance Information

Does the patient or any family member have coverage under another plan?

- ☐ No. If no, please sign, date and return this questionnaire to Allied Benefit Systems, Inc.
- ☐ Yes. If yes, please complete all the fields below that pertain to the member(s) who have other coverage.

Type of Coverage (please check all that apply):

- ☐ Other Medical Insurance
- ☐ Other Dental Insurance

Name(s) of Spouse and/or Dependent(s) who have other coverage:

Other Insurance Policyholder's Name & Date of Birth:

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Court Order Information

If this section is not applicable, please sign, date and return to Allied Benefit Systems, Inc.
If there is a divorce or separation, is there a court order?

☐ No. If no, please advise which parent has physical custody:

☐ Yes. If yes, please advise which parent is responsible for healthcare expenses:

Signature:_____ Date:_____

Please return this questionnaire to the address shown above. Otherwise, the Plan will deny the claim. Please note the submission of the requested information does not guarantee payment, but rather allows the Plan to continue to process the claim.