OptimaHealth

4417 Corporation Lane
Virginia Beach, VA 23462
(757) 552-7401 (877) 552-7401

# Coordination of Benefits Information Page

* Please retain a copy of this coordination of benefits page for your records.

Applicant's Name: _____ Soc. Sec. #: _____

Date of Birth: _____

**NOTE:** Complete section F and section H if you have additional commercial insurance.
Complete section G and section H if you have Medicare.

## SECTION F (Commercial Insurance)

Name of other Insurance Company: _____

Address: _____

Phone Number: _____

Policy Number: _____ Effective Date: _____

Employer: _____

Group Number: _____

Policyholder's Name: _____

Birthdate: _____

List family members covered by this insurance: _____

_____

_____

## SECTION G (Medicare Information)

Applicant: _____ Claim#: _____

Hospital Insurance (Part A) Effective Date: _____

Hospital Insurance (Part B) Effective Date: _____

Are you retired: Yes No Retirement date: _____

Spouse: _____ Claim#: _____

Hospital Insurance (Part A) Effective Date: _____

Hospital Insurance (Part B) Effective Date: _____

Are you retired: Yes No Retirement date: _____

## SECTION H

I hereby certify that except as reported above, no service or payments are provided or are recoverable through any other group insurance or service plan.

| **Signature of Applicant:** | **Date:** |
|---|---|