



Coordination of Benefits Form

Please fill out the below lines to update a member's other insurance. You can fax the completed form to **833-667-1288**. Once received, the update will be made within 30 days, and any applicable claims reprocessed.

Member Name: _____

Member Date of Birth: _____

Member Medicaid ID: _____

Policy Type of other insurance: _____

Policy Number of other insurance: _____

Start and end date of other insurance: _____