

Coordination of Benefits (COB) Questionnaire

Name: _____ Member #: _____

A Coordination of Benefits (COB) denial or denials takes place when Universal has received information that you may have additional insurance coverage that may be in place and we must “coordinate” with your other coverage in order to determine which coverage is responsible for payment of your medical claims. Please answer the following questions to the best of your knowledge.

1. Have you been involved in any sort of accident? (This may include auto accident, slip and fall, etc)
 Yes No
 - a. If you answered Yes continue on to question 2
 - b. If you answered No skip to question 4
2. Was this an auto accident?
 Yes No
 - a. If you answered Yes, a “Letter of Exhaustion” is required from your Auto insurance company. You may attach this letter to this form.
 - i. Letter of Exhaustion attached?
 Yes No
If not why: _____
 - b. If you answered No, please describe the nature of the accident (Attach extra sheets if necessary):

3. Is there any sort of lawsuit on going for this accident?
 Yes No
 - a. If you answered Yes please give details:

4. Are you or your spouse currently working full time?
 Yes No
 - a. If you answered Yes continue to question 5
 - b. If you answered No skip to question 6
5. Do you have any coverage through your or your spouse’s employer?
 Yes No
 - a. If you answered Yes, please provide us with this coverage information so that we may coordinate with this insurance company.
 - b. If you answered No continue to question 6
6. Do you know of any other reason that we might have received information that you have other coverage?
 Yes No
 - a. If you answered Yes, please give details (Attach extra sheets if necessary):

Signature: _____ Date: _____

Please attach any related documentation you have regarding the claims that you know have been denied for COB. If available, please list the claim number(s) in question.
