



## Coordination of Benefits Form

To coordinate medical benefits, please let us know if you or your family has other medical coverage. If you have any questions, you can reach our Member Services Department at **1-877-532-3778 ext. 1529**. Member Services is available **Monday through Friday from 7:00 am to 5:00 p.m., Mountain Time**.

If other coverage exists, please provide the following information:

Primary Insurance Subscriber: \_\_\_\_\_

Relationship to Primary Subscriber: Self \_\_\_\_\_ Spouse \_\_\_\_\_

Dependent Child \_\_\_ Other \_\_\_\_\_

Name of family members covered under this plan: \_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_

Policy/plan name: \_\_\_\_\_

Policy ID: \_\_\_\_\_

Group Number: \_\_\_\_\_

Policy phone number: \_\_\_\_\_

Policy's effective date: \_\_\_\_\_

Due to the regulatory requirements, we must receive this information within 45 days from the date of this letter in efforts to avoid a denial of your claim.

Please mail back to: Preferred Administrators  
Attention: Preferred Administrators  
1145 Westmoreland Dr.  
El Paso, TX 79925  
Fax# 915-532-2286