

Coordination of Insurance Benefits

Patient Name _____ Date of
Birth _____

Every dental insurance company or dental benefits plan has a policy to coordinate the payment of dental care when a patient has coverage with more than one insurance carrier. The following questions will help your dentist to determine your primary insurer.

- Are you covered by more than one insurer or dental plan? Yes No
- If yes, list the companies that cover you:

If you are covered by more than one insurer or dental plan:

- Which coverage is primary (i.e., the plan that covers you other than as a dependent)?

- If you have two dental benefits plans that are primary (i.e. they both cover you as the primary policyholder), which plan has covered you the longest?

If the patient is a dependent child covered by the insurance plans of both parents, list the date of birth of each parent.

Insured name: _____ Date of Birth (month/day): _____

Insured name: _____ Date of Birth (month/day): _____

Note: Dental insurers consider the benefits plan of the parent with the earlier birth date in the calendar year to be the primary insurer of children who are covered by the benefits plans of both parents.

- If the patient is a dependent child of parents who are separated or divorced, which parent, if either, has custody of the child? Mother Father Other: _____ % _____

Note: Coverage for the child provided under the dental plan of the parent with custody will be considered primary.

- Has the parent with custody remarried? yes no

Primary residency of child or children? Mother _____% Father _____%

If yes, that parent's dental coverage will be primary; then the stepparent's dental coverage comes next. Finally, the dental coverage of the other parent comes last – provided the child is covered by the stepparent's and the other parent's dental plan.

- If the parents of the minor child are divorced, is there a court order that directs which parent has financial responsibility for the child, regardless of who has custody? Yes No
If yes, which parent? _____

- Does the patient have coverage under his or her current employer and through a former employer (e.g., as a laid-off employee or a retired employee)? Yes No

Note: The coverage through a patient's current employer is primary to coverage through a former employer.

Signature _____ Date: _____