



Prime Healthcare

Employee Benefits TPA 888-773-7218 Toll Free
PO Box 2744 310-212-3381 Secure Fax
Torrance, CA 90509 License No. 0451271

Employee Name: _____
Address: _____
Address: _____

Other Health Coverage ~ Coordination of Benefits Information

As the third party administrator for Prime Healthcare Services, Keenan & Associates is responsible to determine the proper order of benefit payments if other health insurance coverage exists. Please complete, sign and return this document directly to Keenan.

Are any of your dependents enrolled in any other medical or group insurance plan? Yes No

Note: In order to establish which health plan is primary, please provide either a court order or divorce decree, regarding health insurance, if applicable.

If yes, please provide the following:

- Name, Relationship & Date of Birth of the person providing other health insurance coverage.

Name: _____

Relationship: _____ Date of Birth: _____

- List family member(s) covered:

Name: _____ Spouse Child Other

Name: _____ Spouse Child Other

Name: _____ Spouse Child Other

Name: _____ Spouse Child Other

- Name of Health Plan or insurance company:

Name: _____

- Effective date ____ / ____ / ____

Please provide a contact phone number if we have any additional questions or need other information.

(____) _____

Signature _____ Date _____