



FOUNDATION FOR MEDICAL CARE  
OF TULARE & KINGS COUNTIES, INC.

## COORDINATION OF BENEFITS QUESTIONNAIRE

A coordination of benefits questionnaire is required to determine if your dependents have other health insurance coverage that might be primary to your Kaweah Delta Employee Health plan Coverage. If your spouse or dependents do not have other coverage, a simple telephone call can be made to confirm there is no other coverage. Anyone over the age of 18 will need to call for himself or herself including your spouse. For dependents under 18, the Kaweah Health Employee can call to declare there is no other coverage. **The automated response number is 559-802-1995.**

### SECTION 1 SPOUSE OR DEPENDENT'S INFORMATION

Name (as found on your Medical ID card)	ID # (as found on your Medical ID card)
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**Are you covered by another health care plan?**

NO — Please skip the rest of the questions, sign at the bottom

YES — Please complete form, sign at the bottom and return

### SECTION 2 OTHER HEALTH CARE COVERAGE

**Please provide the following information about the other health coverage. (Attach a copy of the terminated coverage if applicable)**

Name of policy holder of other coverage	Relationship to you	Birth date	
Insurance company name	Enrollee ID / policy number	Effective date	Cancellation date
Is there a court order that determines responsibility for health care coverage or custody? <input type="checkbox"/> No <input type="checkbox"/> Yes — (Attach a copy of the custody arrangements)		Guardian responsible for child's health care coverage	

### SECTION 3 MEDICARE COVERAGE

**Do you have Medicare? If yes, provide the following.**

Medicare A Effective: \_\_\_\_\_  Medicare B Effective: \_\_\_\_\_  Both Effective: \_\_\_\_\_

Medicare member ID	Entitlement reason <input checked="" type="checkbox"/> Age <input type="checkbox"/> Disability <input type="checkbox"/> End stage renal disease
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If entitled due to end stage renal disease, please provide:

The date of first dialysis:	<input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Hemo-Dialysis in facility	Date of transplant, if applicable:
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**\*IF FORM IS COMPLETED FOR SPOUSE OR A DEPENDENT OVER 18 THEY MUST SIGN\*  
PLEASE DON'T RETURN THIS FORM WITHOUT A VALID SIGNATURE AND DATE.**

Signature:	Date:
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### RETURN COMPLETED FORMS TO:

kaweahcobform@tkfmc.org

OR

Foundation for Medical Care  
3335 S Fairway  
Visalia, CA 93277

OR

Fax: 559-468-3140



## Coordination of Benefits (COB) Frequently Asked Questions

### COB Based on Employer Coverage

- If your spouse or child over 18 has coverage through an employer, but is also covered as a dependent on your Kaweah Delta Medical Center Employee Health Plan then the following will apply:
  - **Primary** – The employer-provided plan
  - **Secondary** – Kaweah Delta Employee Health plan

### COB for a Dependent on Two Plans

- A minor child is a dependent on two different insurance policies of divorced or separated parents or guardians.
  - If there is a court decree that dictates which plan is primary versus secondary, it will supersede any other coverage.
  - If there is no court order, the primary plan will belong to the parent or guardian with primary custody.
    - In the case of joint custody, COB defaults to “the birthday rule”. The primary plan will be the plan of the parent whose birthday falls earlier in the calendar year (regardless of birth year). For example, if one parent’s birthday is February 1st and the other parent’s birthday is June 3rd, the parent with the February 1st birthday will provide the primary insurance coverage.
  - If the custodial parent then remarries and the new spouse has his or her own health insurance plan to which the child is also added, the new spouse’s coverage becomes secondary, with the non-custodial parent’s acting as a third line of coverage.

### COB for End-Stage Renal Disease (ESRD):

- Individual who have ESRD and are covered by a group health plan and who are within their first 30 months of eligibility or entitlement to Medicare.
  - **Primary** – Kaweah Delta Employee Health plan
  - **Secondary** – Medicare pays secondary during 30-month coordination period for ESRD. **Medicare will pay as primary after this 30-month period when Medicare is elected.**