Health Alliance Plan
Member COB Data Collection Sheet

You can avoid a delay in the payment of healthcare services if you have coverage in addition to HAP. Please answer the questions below, as they apply to you and your family. Please fax this form to attn: COB Department at (248) 443-4922, or mail to HAP, 2850 West Grand Blvd. Detroit, MI 48202-9912.

Name: _____ HAP ID: _____
SS#: _____ Phone #: _____
Address: _____ DOB: _____

Please sign below if HAP is the only coverage for you and your dependents.

Signature _____ Date: _____

Other Insurance Information

Other Carrier name: _____
Phone #: _____
Policy #: _____
Name of Subscriber: _____
Effective Date: _____
Term Date: _____
Family coverage: Yes_____ No_____
Prescription coverage: Yes_____ No_____

Medicare Information

Are you enrolled in Medicare: Yes ____ No ____
If yes, please copy the information below from Medicare card.

Medicare number: _____
Part A effective date: _____
Part B effective date: _____

If you are retired, please provide retirement date. _____
If you are disabled, please provide disability date. _____

If you have Cobra, please provide effective date. _____

If coverage applies to any other family members, please list names: _____

Are there any other circumstances that would make Another party responsible for payment of your claims? If yes, please fill out the information that applies to you.

Auto Injury

Injury Date: _____
Injury Type: _____
Insurance Company: _____
Claim number: _____
Adjuster name: _____

Work Injury

Injury Date: _____
Injury Type: _____
Name of Employer: _____
Employer phone #: _____
Claim number: _____

Any other Injuries

Injury Date: _____
Injury Type: _____
Where did Injury occur: _____

Have you contacted an attorney regarding any of the above injuries?_____

_____

Thank you for taking the time to fill out the above COB information. If you should have any questions, please feel free to contact us at 1-800-422-4641 or fax to (313) 664-5843

<u>Please return this form within 14 Days of receipt</u>
Thank you for your assistance, Coordination of Benefits Department