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### Medicaid Coordination of Benefits

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Every year, your insurance company needs verification of whether or not you have other insurance that would be considered a primary payer. Please indicate below whether or not your child has other active coverage.

- My child has Medicaid only and has never been added to a private insurance.
- My child was on a private insurance previously, but now has only Medicaid.  
Insurance Name: \_\_\_\_\_  
Subscriber Number/Member ID: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_
- My child does have an insurance that is primary and Medicaid is secondary. I am aware that Steeplechase Pediatrics does not file secondary insurance, but I am able to request a receipt to submit to Medicaid.  
Insurance Name: \_\_\_\_\_  
Subscriber Number/Member ID: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_