



### REQUEST FOR INFORMATION

Subscriber name \_\_\_\_\_ Subscriber ID number \_\_\_\_\_  
 Subscriber address line 1 \_\_\_\_\_ Subscriber phone number \_\_\_\_\_  
 Subscriber address line 2 \_\_\_\_\_ Claim number \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Group number \_\_\_\_\_

Dear Subscriber,

We're writing to request information because our records indicate you have coverage from more than one dental benefits plan. Your dental benefits sponsored by your group require us to coordinate payments with other benefit plans in situations where there is shared responsibility for your dental claims. The information we have about your other plan is either incomplete or may be outdated. We need your help to correct this information so we can avoid delays and accurately process your claims.

Coordination of benefits (COB) is a process to ensure all plans who provide your benefits pay the correct amount toward your claims. Coordinating your benefits helps maximize your benefits, which can lower your out-of-pocket costs.

Please complete the information below and send this form back to us to ensure your claims are processed quickly and accurately.

#### INFORMATION NEEDED:

Are you or your family members still covered by more than one dental plan (including any other Delta Dental of Washington plan)?

- NO** - If no, please sign and return this form to Delta Dental of Washington
- YES** - If yes, please complete the following:

| OTHER BENEFITS PLAN INFORMATION  |   |
|--|---|
| Company's name:  | Company's phone number:                           |
| Subscriber on other company's plan:  | Subscriber's birthdate on other company's plan:   |
| Subscriber's ID number for other company:                                      | Subscriber's phone number with other company:     |
| Dependent(s) with coverage under the other plan:<br>1.<br>2.<br>3.<br>4.<br>5. | Their birthdate(s):<br>1.<br>2.<br>3.<br>4.<br>5. |

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

Please return this completed, signed form by email, fax or standard mail.

**Email:** CService@deltadentalwa.com

**Mail:** Delta Dental of Washington  
PO Box 75983  
Seattle, WA 98175

**Fax:** (206) 523-9287

If you have any questions, please give us a call at (800) 554-1907. We're more than happy to help.

Sincerely,  
Delta Dental of Washington

PRIVACY: We're committed to HIPAA compliance and protecting your privacy. Benefits carriers may use or share certain dental information needed to make benefit determinations, in accordance with HIPAA privacy rules. Please view our Privacy Policies at DeltaDentalWA.com for more detailed information.