Coordination of Benefits (COB) Form

Claims related to Coordination of Benefits can be forwarded to HNE's Claims Department for processing by completing this form. Please attach a copy of the Explanation of Payment/Benefits or any payment or denial of payment correspondence from the other insurer. Please note HNE's COB claims filing time limit is 12 months from the date of payment/denial notice from the Primary Carrier.

If you have any questions regarding claims related to Coordination of Benefits please contact the Coordination of Benefits Department at: (413)233-3314 from 9:00 am to 12:00 pm and 1:00 pm to 3:00 pm or log onto HNEDirect and click on the Coordination of Benefits tab.

Today's Date: _____ Claim Date(s) of Services: _____

Date of primary insurers payment/denial notice (must be within one year) _____

Member Name: _____

Physician/Group Practice Name: _____

Contact Name and Telephone Number: _____ _____

Address: _____

City: _____ State: _____ Zip: _____

Original claim/control number (12 digit # found on the HNE EOP): _____

***Please provide a brief description of your request*:**

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PLEASE SEND FORM AND ALL SUPPORTING DOCUMENTATION TO:

HNE Claims Department
One Monarch Place, STE 1500, Springfield, MA 01144