



## Other Insurance (Coordination of Benefits) Questionnaire

<b>Subscriber Name</b>	
<b>Patient Name</b>	
<b>Employer Name</b>	
<b>Member ID Number</b>	

Our records indicate the patient may have other insurance that could affect the benefits payable under your New Mexico Health Connections (NMHC) Plan. Providing the information requested will help avoid any delays in processing your family's health claims. **If coverage has terminated, please provide your letter of creditable coverage provided by the other insurance company.**

Please complete the information below, sign, and return to the address at the bottom of this form. Thank you.

<b>Is the patient covered by Medicare?</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, please submit a copy of the patient's Medicare card.)
<b>Is the patient covered by any other health insurance in addition to this NMHC Plan?</b>	<input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, please complete the information below.)
<b>Name of Insured Person</b>	
<b>Relationship to the Patient</b>	
<b>Employer Name and Address</b>	
<b>Employer Telephone Number</b>	(     )
<b>Insurance Co. Name and Address</b>	
<b>ID Number and Group Number</b>	
<b>Insurance Co. Telephone Number</b>	(     )

TYPES OF COVERAGE	SINGLE/FAMILY	EFFECTIVE DATE/CANCELLATION DATE
Medical: ___ Yes ___ No	___/___	_____/_____
Dental: ___ Yes ___ No	___/___	_____/_____
Vision: ___ Yes ___ No	___/___	_____/_____
Rx Card: ___ Yes ___ No	___/___	_____/_____
Insured's date of birth: _____	Active Employee Plan: _____	Retired Employee Plan: _____
Birthday Rule: ___ Yes ___ No	Coordination of Benefits Provision: ___ Yes ___ No	
Signature: _____		Date: _____

**Please send completed form to:**

- Via mail: New Mexico Health Connections, P.O. Box 3828, Corpus Christi, TX 78463
- Via email: [info@mynmhc.org](mailto:info@mynmhc.org)
- Via fax: 1-312-548-9943

If you have any questions, please call NMHC Customer Service at 1-855-769-6642.

### **English**

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free Customer Service phone number listed on your health plan ID card. TTY: 711.

This form is also available in other formats like large print. To request it in another format, call the toll-free Customer Service phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. TTY: 711.

### **Spanish**

Tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para solicitar un intérprete, llame al número de teléfono gratuito del Servicio al Cliente que aparece en su tarjeta de identificación del plan de salud. TTY: 711.

### **Navajo**

T'áá jíík'eh doo bąąh 'alínígóó bee baa hane'ígíí t'áá ni nizaád bee níká'e'eyeego bee ná'ahoot'i'. 'Ata' halne'í ła yínikeedgo, ninaaltsoos nitł'izí 'ats'íís bee baa'ahayá bee nééhozinígíí bikáá' béésh bee hane'í t'áá jíík'eh bee hane'í biká'ígíí bich'í' hodíilnih dóó 0 bit 'adidíilchit. TTY 711.

### **Vietnamese**

Bạn có quyền được trợ giúp và thông tin trong ngôn ngữ của bạn miễn phí. Để yêu cầu một thông dịch viên, hãy gọi đến số điện thoại dịch vụ khách hàng miễn phí liệt kê trên thẻ ID chương trình sức khỏe của bạn. TTY: 711.

### **German**

Sie haben das Recht, Hilfe und Informationen in Ihrer Sprache kostenlos zu bekommen. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Telefonnummer des Kundendienstes an, die in Ihrem Personalausweis aufgeführt ist. TTY: 711.

### **Chinese**

您有权免费使用您的语言获取帮助和信息。要请求翻译，请拨打您的健康计划身份证上列出的免费客户服务电话号码。 TTY : 711。

### **Arabic**

لديك الحق في الحصول على المساعدة والمعلومات في لغتك دون أي تكلفة. لطلب مترجم، اتصل بخدمة العملاء رقم الهاتف المجاني المدرجة في بطاقة الهوية خطة صحتك. TTY: 711.

### **Korean**

귀하는 귀하의 언어로 무료로 도움과 정보를 얻을 권리가 있습니다. 통역사를 요청하려면 건강 플랜 ID 카드에 나와있는 무료 고객 서비스 전화 번호로 전화하십시오. TTY : 711 입니다.

### **Tagalog**

Kayo ay may karapatan na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang humiling ng isang interpreter, tumawag sa toll-free Customer Service numero ng telepono na nakalista sa iyong planong pangkalusugan ID card. TTY: 711.

### **Japanese**

あなたは無料であなたの言語でヘルプと情報入手する権利があります。通訳を希望する場合は、保健プランIDカードに記載されているフリーダイヤルのカスタマーサービスの電話番号にお電話ください。 TTY : 711

### **French**

Vous avez le droit d'obtenir de l'aide et des informations dans votre langue sans frais. Pour demander un interprète, appelez le numéro de téléphone sans frais du Service à la clientèle figurant sur votre carte d'identité du régime de soins de santé. TTY: 711.

### **Italian**

Lei ha il diritto di richiedere assistenza e informazioni nella propria lingua, senza alcun costo. Per richiedere un interprete, chiamare il numero di telefono Servizio Clienti al numero verde indicato sulla carta d'identità piano sanitario. TTY: 711.

### **Russian**

Вы имеете право получить помощь и информацию на вашем языке без каких-либо затрат. Для того, чтобы попросить переводчика, позвоните по бесплатному телефону обслуживания клиентов номер, указанный в вашем плане здоровья удостоверения личности. TTY: 711.

### **Hindi**

आप कोई भी कीमत पर अपनी भाषा में और जानकारी प्राप्त करने का अधिकार रखते हैं। एक दुभाषिया के अनुरोध के लिए टोल फ्री ग्राहक सेवा फोन अपने स्वास्थ्य योजना आईडी कार्ड पर सूचीबद्ध नंबर पर कॉल। TTY: 711।

### **Persian-Farsi**

شده ذکر تلفن شماره مشتریان خدمات رایگان از مترجم یک درخواست برای باشد داشته هزینه هیچ بدون را خود زبان به اطلاعات و کمک که دارد حق شما بگیرد تماس خود بهداشتی برنامه ID کارت روی بر TTY: 711.

### **Thai**

คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณไม่มีค่าใช้จ่าย หากต้องการขอล่ามโทรไปยังหมายเลขโทรศัพท์โทรฟรีบริการลูกค้าระบุไว้ในบัตรประจำตัวประชาชนแผนสุขภาพของคุณ TTY: 711

## **Notice of Non-Discrimination and Accessibility**

The following is a statement describing nondiscrimination for NMHC and the services it provides to its clients and members:

- We do not discriminate on the basis of race, color, national origin, age, disability, or gender in our health programs or activities.
- We provide help free of charge to people with disabilities or whose primary language is not English. To ask for a document in another format such as large print, or to get language help such as a qualified interpreter, please call NMHC Customer Service at 1-855-769-6642, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY: 1-800-659-8331.
- If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can send a complaint to:  
NMHC Compliance Hotline  
2440 Louisiana Blvd. NE, Suite 601  
Albuquerque, NM 87110  
Phone: 1-855-882-3904  
Fax: 1-866-231-1344

You also have the right to file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone, or by mail:

- **Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.
- **Phone:** Toll-free: 1-800-368-1019, TDD: 1-800-537-7697
- **Mail:** U.S. Dept. of Health & Human Services, 200 Independence Ave. SW, Room 509F, HHH Bldg., Washington, DC 20201