Duplicate Coverage Questions

for Other Party Liability (to be completed by Member)

BlueCross BlueShield Kansas

Section 1 – Member Information

CLEAR DATA

First Name _____ MI _____

(_____) _____-_____ Home Phone Number

(_____) _____-_____ Cell Phone Number

Last Name _____

Member ID Number _____

Home Address _____

☐ Change of address: If the address you listed is a different address, please check this box.

City _____

State _____ ZIP Code _____ +4 _____

Section 2 – Other Coverage Information

This is a routine periodic inquiry. The information you provide will allow us to update your file, which will help prevent processing delays and ensure more accurate claims payments.

Are you, your spouse or your covered dependent children enrolled in other insurance (medical, dental, vision or prescription – NOT Medicare, SRS/Medicaid)?
☐ Yes ☐ No

If you answered Yes, please complete all remaining questions in this section.

Name of Other Insurance Company _____

Address of Other Insurance Company _____

City _____

State _____ ZIP Code _____

Policyholder First Name _____ MI _____

Policyholder Last Name _____

_____ /_____ /_____
Policyholder Date of Birth

Identification Number through which the policy is provided _____

If your current insurance is through an employer or group, complete the following:

Group Number through which the policy is provided _____

Employer or Group through which the policy is provided _____

Address of Employer or Group _____

City _____

State _____ ZIP Code _____

(_____) _____-_____ Employer Phone Number

IMPORTANT: If any information above is unknown, contact the employer or group named above for assistance. Blue Cross and Blue Shield of Kansas cannot extend benefits without evidence of other insurance payment when the other insurance is the primary carrier. Please submit an Explanation of Benefits from the other insurance company.

Section 3 – Authorization

Your signature required

Applicant _____ _____ /_____ /_____ Date Signed

Questions? Please contact Other Party Liability at:

Toll Free: (800) 430-1274 or in Topeka, (785) 291-4013
Fax: (785) 290-0771

Online: bcbsks.com

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Mailstop 217C2
Topeka, KS 66629-0001

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