

Alliance Obstetrics & Gynecology, PLLC  
 1560 Turf Lane  
 East Lansing, MI 48823

## Coordination of Benefits Form

Patient's Name	Date of Birth
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### Insurance Policy #1

Insurance Company Name		
Policyholder's Last Name	Policyholder's First Name	Policyholder's Date of Birth / /
Policyholder's Social Security Number	Insurance Company Phone Number	
Insurance Company Address		
Patient's relationship to Policyholder (self, spouse, child)		
Member ID# (Contract or Policy#)	Insurance Effective Date / /	Insurance Termination Date (if any) / /

### Insurance Policy #2 (if any)

Insurance Company Name		
Policyholder's Last Name	Policyholder's First Name	Policyholder's Date of Birth / /
Policyholder's Social Security Number	Insurance Company Phone Number	
Insurance Company Address		
Patient's relationship to Policyholder (self, spouse, child)		
Member ID# (Contract or Policy#)	Insurance Effective Date / /	Insurance Termination Date (if any) / /

### Insurance Policy #3 (if any)

Insurance Company Name		
Policyholder's Last Name	Policyholder's First Name	Policyholder's Date of Birth / /
Policyholder's Social Security Number	Insurance Company Phone Number	
Insurance Company Address		
Patient's relationship to Policyholder (self, spouse, child)		
Member ID# (Contract or Policy#)	Insurance Effective Date / /	Insurance Termination Date (if any) / /