STEEPLECHASE
PEDIATRIC CENTER

NCMC Office
21216 Northwest Fwy, Ste. 470
Cypress, TX 77429
Tel: 281-469-2838
Fax: 281-469-9314

Cypress Skinner Office
13611 Skinner Rd, Ste 145
Cypress, TX 77429
Tel: 281-304-7337
Fax: 281-469-9314

Cypress Springs Office
7626 Fry Road, Ste 500, Cypress, TX 77433
Tel: 281-469-3305
Fax: 281-469-9314

Katy Office
22762 Westheimer Pkwy., Ste. 560, Katy, TX 77450
Tel: 281-921-0590
Fax: 281-469-9314

Fulshear Office
11605 S Fry Rd., Ste. 108
Fulshear, TX 77441
Tel: 281-469-4340
Fax: 281-239-2104

Medicaid Coordination of Benefits

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Patient's Name: _____ DOB: _____

Every year, your insurance company needs verification of whether or not you have other insurance that would be considered a primary payer. Please indicate below whether or not your child has other active coverage.

- ○ My child has Medicaid only and has never been added to a private insurance.
- ○ My child was on a private insurance previously, but now has only Medicaid.
  Insurance Name: _____
  Subscriber Number/Member ID: _____
  Group Number: _____
  Policy Holder's Name: _____
- ○ My child does have an insurance that is primary and Medicaid is secondary. I am aware that Steeplechase Pediatrics does not file secondary insurance, but I am able to request a receipt to submit to Medicaid.
  Insurance Name: _____
  Subscriber Number/Member ID: _____
  Group Number: _____
  Policy Holder's Name: _____

Signature: _____
Printed Name: _____
Relationship to Patient: _____
Date: _____