



MEDICARE - Coordination of Benefits

Coordination of Benefits Agreement (COBA) Test Signoff Acceptance Form

COBA testing is considered successfully completed when the Trading Partner's Technical Contact and the Coordination of Benefits Contractor's (COBC) EDI Representative sign off on the test results.

Therefore, the undersigned agree that COB Agreement testing was successfully completed on the date indicated below for all COBA ID (s) listed, and my company is now ready to migrate from test to production.

A representative from the Centers for Medicare & Medicaid Services (CMS) will contact you at least three weeks prior to commence the transition into production. During that three-week period, a customized transition scheduled will be provided to you. It is important that you do not submit to the COBC files that contain COBA IDs until the actual day of your scheduled production date.

Date of Test Signoff: _____

Trading Partner Name: _____

Note: As indicated on COBA Attachment)

COBA ID: _____ COBA ID: _____ COBA ID: _____

Additional COBA IDs: _____

Signature of Trading Partner: _____

Name: _____

Title: _____

Date: _____

Signature of COBC EDI Representative: _____

Name: _____

Title: _____

Date: _____