



## Coordination of Benefits Agreement (COBA) Test Signoff Acceptance Form

COBA testing is considered successfully completed when the Trading Partner’s Technical Contact and the Benefits Coordination & Recovery Center (BCRC) EDI Representative sign off on the test results.

Therefore, the undersigned agree that the 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 schedule will be provided to you. It is important that you do not submit to the BCRC files that contain COBA IDs until the actual day of the scheduled production date.

Date of Test Signoff: \_\_\_\_\_

Trading Partner Name: \_\_\_\_\_  
(Note: As indicated on the COBA Attachment)

COBA ID: \_\_\_\_\_ COBA ID: \_\_\_\_\_ COBA ID: \_\_\_\_\_

Additional COBA IDs: \_\_\_\_\_

**Signature of Trading Partner:** \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature of EDI Representative:** \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_