

{Current Date}

RE: COORDINATION OF BENEFITS

PATIENT: {Patient Full Name}

ACCOUNT# {GoRev Account Number}

DATE OF SVCS: {Billing Date}

Dear {Patient Full Name},

We recently received correspondence from your insurance company in reference to visit date {Visit Admit Date}. Per {Primary Carrier} request, the patient must submit their most up-to-date Coordination of Benefits (COB) prior to adjudication. To ensure the patient will not be solely responsible for total amount of \${Charge Amount}, please contact {Primary Carrier} and provide the requested information. Upon completion of this request, please contact our billing office at {Statement Phone Number} to provide the reference number that was issued by {Primary Carrier} so that we're able to follow-up on billing.

In addition, our billing department will keep your account on hold for a maximum of (14) business days. Please keep in mind, if the timeframe expires and claim has reached the timely filing deadline with the payer, patient will be solely responsible for both mentioned balances. We appreciate your business and look forward to speaking with you soon.

Sincerely,

Claims Analyst

{User Full Name}

{User Email}

Direct Line: {User Phone}