

{Current Date}

Attn: Director of Claims

{Primary Carrier}

{Primary Address 1}

{Primary City}, {Primary State} {Primary Zip}

Re: Patient: {Patient Full Name}  
Policy: {Primary Member ID}  
ClaimNumber: {Primary ICN}  
Insured:{Primary Insured Full Name}  
Treatment Dates: {Visit Admit Date} - {Visit Discharge Date}  
Amount: {Charge Total}

Dear Director of Claims,

We recently received your request for a refund in regards to payment made on the claim referenced above. It appears that your company has obtained information regarding coordination of benefits that potentially affects reimbursement of this claim.

Please be advised, the Texas Prompt Payment Act requires primary and secondary payers to work together for purposes of coordination of benefits, including only recovering payment from each other. Section 1, Article 3.70-3C of the Texas Insurance Code, Chapter 1024, Section 3F states the following regarding coordination of benefits recoveries:

- (a) An insurer may require a physician or provider to retain in the physician's or provider's records updated information concerning other health benefit plan coverage and to provide the information to the insurer on the applicable form described by Section 3C of this article. Except as provided by this subsection, an insurer may not require a physician or provider to investigate coordination of other health benefit plan coverage.
- (b) Coordination of payment under this section does not extend the period for determining whether a service is eligible for payment under Section 3A(e) or (f) of this article or for auditing a claim under Section 3A(g) of this article.
- (c) A physician or provider who submits a claim for particular medical care or health care services to more than one health maintenance organization or insurer shall provide written notice on the claim submitted to each health maintenance organization or insurer of the identity of each other health maintenance organization or insurer with which the same claim is being filed.
- (d) On receipt of notice under Subsection (c) of this section, an insurer shall coordinate and determine the appropriate payment for each health maintenance organization or insurer to make to the physician or provider.
- (e) **Except as provided by Subsection (f) of this section, if an insurer is a secondary payor and pays a portion of a claim that should have been paid by the insurer or health maintenance organization that is the primary payor, the overpayment may only be recovered from the health maintenance organization or insurer that is primarily responsible for that amount.**

- (f) If the portion of the claim overpaid by the secondary insurer was also paid by the primary health maintenance organization or insurer, the secondary insurer may recover the amount of overpayment under Section 3D of this article from the physician or provider who received the payment. An insurer processing an electronic claim as a secondary payor shall rely on the primary payor information submitted on the claim by the physician or provider. Primary payor information may be submitted electronically by the primary payor to the secondary payor.
- (g) An insurer may share information with a health maintenance organization or another insurer to the extent necessary to coordinate appropriate payment obligations on a specific claim.
- (h) The provisions of this section may not be waived, voided, or nullified by contract.

Thank you for your prompt attention to this matter.

Sincerely,

Claims Analyst  
{User Full Name}  
{User Email}  
Direct Line: {User Phone}