Woodhaven Counseling Associates, Inc.
12001 Q Street, Omaha NE 68137
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August 17, 2022

To All of Our Woodhaven Clients,

In the recent billing of insurances for our clients, we are seeing a large rise in the number of rejected claims (bills to the insurance company); stating a requirement of what is called an “Updated Coordination of Benefits” (COB). This hold-up in the processing of our client’s services is proving to be a significant setback in keeping accounts up-to-date, and in some cases; resulting in extra expense to the client’s themselves.

We wish to make the Billing process for our clients as smooth as possible, and to help each of you get the most out of your medical coverage.

On the 2 pages that follow, you will find an explanation of what a “Coordination of Benefits” is, and an agreement for our clients to complete and sign.

Here at WCA, we recognize that Medical Insurance can be very complicated and confusing. Should you have any questions or concerns; or if I can be of further help to you in these matters, please feel free to reach out to me directly. I enjoy doing whatever I am able to make this process as simple as possible for each of you.

Best Regards,

Sarah
Office Manager
Woodhaven Counseling Associates, Inc

Understanding a Coordination of Benefits (COB)

What is a Coordination of Benefits?

A Coordination of Benefits (COB) is the framework for medical insurance companies to establish the order and amount of coverage for medical services; especially when more than one insurance company is providing coverage for a client. All medical insurance companies (called 'payers') have to know if and when any other insurance payers will be providing coverage on a client. The Primary Insurance gets all charges (or claims) for services first and covers a larger portion, while the Secondary is next and covers part of the remainder of the claim. So each payer must be aware of the other, and what each one's portion is.

When is a Coordination of Benefits needed?

There are 4 Instances when a COB is typically required…

- **When there is more than one Insurance /or/ A coverage plan is added or removed**
- **When changes occur to Subscriber* demographics or the client's dependent status** (such as change of mailing address, having a baby, an adult dependent aging out of coverage, etc.)
- **When a major medical event occurs** (like an auto accident, a surgery, a series of tests or diagnostics, etc.)
- **Annually** – All medical insurance companies want a COB at the beginning of each year; since that is the time employers change the plan types offered to its employers; subscribers make changes to their specific coverage, etc..
  ***A *Subscriber* (or *Primary Policy Holder*) is the person who enrolled in the insurance plan and pays the fees for coverage (commonly thru their employer).**

<u>It is recommended that the Subscriber do a Coordination of Benefits at the beginning of each year.</u> If any members of the family and/or household are covered by an additional plan (or Secondary), then the Subscriber of that plan must also do an annual COB. The same would apply if a Tertiary (or Third) Plan of Coverage applies.

How do you complete a Coordination of Benefits?

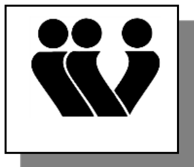
The Subscriber must contact their insurance company. No other party may do this for them. They will call the Customer Service number on the back of the insurance card, tell a representative that they need to update their COB and provide the following information for each insurance plan: The Plan ID Number, the Effective Date, and the full name & date of birth for each person covered. When a subscriber calls to complete the COB, it is important that they record the Date of the call, the Representative's name, and the Reference Number for the call.

What happens if a Coordination of Benefits is not done?

If a COB is not completed, the insurance company may refuse to pay any claims until it is resolved. They may assign the amount owed as <u>Patient Responsibility</u>, leaving the financially responsible party (or 'Guarantor') with the full balance for a date of service (visit). Complying with the insurance company's request will save a lot of time and complications after the fact.

What if you have only ONE insurance plan?

A Coordination of Benefits is still required in the instances listed earlier.



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Acknowledgement of Coordination of Benefits (COB) Requirements

Woodhaven Counseling Associates, Inc. requires its clients to have an "Updated" Coordination of Benefits (COB) at the time service is initiated; within 15 days of the 1st date of service; or within 15 days of receiving this notice. Additionally, we ask that the COB be updated whenever a new Instance* occurs.

The definition of "Updated" being whichever of the following *Instances is the most recent:

- Any tier of coverage (Primary, Secondary, Tertiary) was changed, added, or removed
- A change has occurred with the Subscriber's Demographics or the Client's Dependent Status
- A major medical event has occurred
- A new Coverage Year (typically January 1st) has begun

If any of these Instances has occurred since the last Coordination of Benefits, each Subscriber will need to complete an Updated COB within the next 15 days.

I acknowledge that an Updated Coordination of Benefits is required by any and all Subscribers of Medical Insurance Plans that I am covered by. Furthermore, I understand that it is my responsibility to remind them that the COB needs to be updated with each new Instance occurring that is applicable to me.

____ ____________________
Client Signature (or Adult Representative) Date

________________________________ ________________________________
Printed Name of Signer Name of Client (If different than Signer)

☐ An Updated Coordination of Benefits has already been completed for me

☐ An Updated Coordination of Benefits will need to be completed in the next 15 days

A New Coordination of Benefits was completed by the following:

Name	Date	Primary Insurance
Name	Date	Secondary Insurance
Name	Date	Tertiary Insurance