



Coordination of Benefits

When multiple insurance companies work together to cover therapy, there can be confusion about which company should do what. All changes to primary coverage, the addition or loss of secondary coverage, etc need to be reported to all insurance carriers to make sure therapy is not denied.

You will need to call all insurance companies.

When you call you can say something like, "I need to update my coordination of benefits (and let them know the situation). I will need a reference number for this call."

This is urgent and it may be determined that services for you/your child need to be on hold until this can be taken care of as to not accumulate denials. Promptness in responding to this matter will help us maintain consistent therapy for the patient.

Again, you will need to reach out to ALL carries to report any changes to your coverage. Please complete the fields below as they apply to you.

Patient Name:

Patient DOB:

Please specify insurance company and record call reference number.

	Name	Call Reference #
Primary Insurance		
Secondary Insurance		
Other Insurance Info		

Signature of Responsible Party

Date: