[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Date]

[Insurance Company Name]
[Claims Department Address]
[City, State, Zip Code]

RE: Coordination of Benefits Discrepancy - Birthday Rule Determination

Patient Name: [Patient Name]
Date of Birth: [Patient DOB]
Subscriber 1: [Parent/Guardian 1 Name] (DOB: [DOB])
Subscriber 2: [Parent/Guardian 2 Name] (DOB: [DOB])
Policy Number: [Policy Number]
Claim Number: [Claim Number, if applicable]

To Whom It May Concern,

I am writing to formally dispute the primary/secondary payer designation for the above-referenced patient. According to the "Birthday Rule" guidelines established by the National Association of Insurance Commissioners (NAIC), the primary plan is the policy of the parent whose birthday (month and day) falls earlier in the calendar year.

Based on the records provided:

- [Parent 1 Name] has a birthday on [Month/Day].
- [Parent 2 Name] has a birthday on [Month/Day].

Therefore, [Insurance Company Name of Parent with earlier birthday] should be designated as the primary carrier, and [Insurance Company Name of Parent with later birthday] should be designated as the secondary carrier.

It appears that the claim was [denied/processed incorrectly] due to a discrepancy in your Coordination of Benefits (COB) records. I request that you update your files to reflect the correct order of benefits and reprocess any outstanding claims accordingly.

Please provide written confirmation once this update has been completed. If you require further documentation, such as copies of the insurance cards or birth certificates, please contact me at [Phone Number].

Sincerely,

[Your Signature]
[Your Printed Name]