

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

RE: SECOND REQUEST - Action Required for Insurance Processing

Dear [Patient Name],

We are writing to follow up on our previous request regarding your insurance coverage. Our records show that your insurance carrier, [Insurance Company Name], has pended or denied payment for your visit on [Date of Service] due to a missing **Coordination of Benefits (COB)** update.

Insurance companies require policyholders to confirm annually whether they have any other active health insurance coverage. They will not process your claims until this information is updated directly by you.

Please take one of the following actions immediately:

- **Call your insurance:** Contact the Member Services number on the back of your insurance card and state you need to update your Coordination of Benefits.
- **Online Portal:** Log in to your insurance provider's website and update your "Other Insurance" profile.

Once you have completed this update, please contact our billing office at [Phone Number] so we may resubmit your claim for payment.

Failure to update this information within [Number] days may result in the full balance becoming your personal responsibility. If you have already updated your information, please disregard this letter.

Thank you for your prompt attention to this matter.

Sincerely,

[Billing Department/Office Name]

[Practice Name]

[Phone Number]