

COS Billing, LLC

Medical Billing Services for Practitioners and Agencies

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End-of-Year Approaches

Talk to Your Patients about Their Insurance

Make sure you stay up-to-date with each patient's current insurance plan. **Any modification to a policy**—including a name change due to marriage or divorce—**can result in you not getting paid.**

Every month, we have some claims rejected because the patient has changed their insurance and the provider was not informed.

If you have a quick chat with each patient regarding their current insurance status, you could save yourself some trouble. You can periodically remind all of your patients that if they revise their insurance in any way, they should let you know as soon as possible.

File Your Claims Promptly

The end of the year is approaching more quickly than we would like to think, so **please do not sit on your billing!** If you wait until the middle or end of November to file a large or even moderate number of claims, then you might not get fully compensated by December 31.

We do everything we can to make sure you are paid as quickly as possible, but practically everything about this process is becoming more onerous and taking more time.

If you wait too long, your claim might not be eligible to be compensated. New York state has a firm 90-day limit to file in network. There is no appeals process. New Jersey varies from 90-120 days.

Coordination of Benefits (COB)

The patient assumes the responsibility to coordinate with their insurance company regarding **primary/secondary** status. The insurance company could deny claims if it is unsure about this status.

Providers need to make sure patients have updated their insurance. We cannot update COB's. Generally, we do not file with the secondary, as they are set up with Medicare or automatic crossover.

Inquiries Beyond Our Scope

While we are pleased that so many of you appreciate our skills and body of knowledge, we are medical billers, not insurance brokers or agents. We cannot respond to the following:

- ▶ What other providers are paid.
- ▶ What plans they are enrolled in.
- ▶ The types of plans.
- ▶ The rates for specific credentialing.
- ▶ The best plans available for out-of-network or in network.

Along these lines, we cannot recommend insurance plans for your patients.

Medicare Advantage Plans

We would like to remind everyone that Medicare Advantage Plans replace Medicare. These plans are not co-insurance. The claims filed under Medicare Advantage must be filed with the insurance company under which the patient is enrolled. Benefits vary for each plan.