

BLUE RIVER HEALTH

Member Services Division
2900 Insurance Parkway, Suite 500, Portland, OR 97201
Phone: 1-888-555-0222 | Fax: 1-888-555-0223

Fax Date: 02/06/2026
Ref: BRH-COB-2026-04418

TO: Whispering Pines Family Medicine — Billing Department
FAX: (555) 867-5310

RE: COORDINATION OF BENEFITS — REQUEST FOR INFORMATION

Dear Billing Department,

Our records indicate that the following member may have other health insurance coverage. To properly coordinate benefits and process pending claims, we require the information requested below.

MEMBER: NAKAMURA, KENJI (ID# BRH-445-9012, DOB 07/11/1969)

PENDING CLAIMS:

Claim #BRH-CL-2026-11234 DOS: 01/15/2026 Charges: \$385.00 Office Visit + Labs
Claim #BRH-CL-2026-11235 DOS: 01/15/2026 Charges: \$127.00 HbA1c + Lipid Panel

The above claims are currently PENDED awaiting coordination of benefits (COB) information. Our records show a possible secondary carrier.

PLEASE PROVIDE OR CONFIRM THE FOLLOWING:

1. Does this patient have other health insurance coverage? YES / NO
2. If yes, please provide:
 - Carrier name: _____
 - Policy/Group #: _____
 - Policyholder name: _____
 - Effective date: _____
3. Is this practice aware of any workers' compensation or auto accident claim related to the dates of service listed above? YES / NO

Please complete and fax this form back to 1-888-555-0223 within 30 days.
If we do not receive a response, claims will be processed based on available information, which may result in reduced payment or denial.

Thank you for your prompt attention to this matter.

Member Services — Coordination of Benefits Unit
Blue River Health

This communication contains confidential information. If you are not the intended recipient, please destroy and notify Blue River Health.