

## Secondary Insurance Worksheet

Calculate secondary billing amounts after primary EOB; verify COB before submission

### PATIENT & CLAIM INFORMATION

**Patient Name:**   
**Date of Birth:**   
**Primary Payer:**   
**Primary Member ID:**   
**Secondary Payer:**   
**Secondary Member ID:**   
**Date of Service:**   
**Primary EOB Date:**   
**Primary Claim Number:**

### PRIMARY EOB SUMMARY — ENTER VALUES FROM PRIMARY PAYER EOB

CPT Code	Billed	Allowed	Adjustment	Ins. Paid	Pt. Resp.	Done ✓
[CPT]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>
[CPT]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>
[CPT]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>
[CPT]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>
[CPT]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>
<b>TOTALS</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

Adjustment = Billed – Allowed (contractual write-off). Patient Responsibility = Allowed – Insurance Paid (copay, deductible, coinsurance).

### SECONDARY CLAIM CALCULATION

The secondary payer typically considers the primary's Allowed Amount as the maximum reimbursable charge. Secondary payment = Secondary Allowed – Primary Payment, subject to the patient's secondary benefit and cost-sharing.

<b>Total Billed Amount</b>	\$
<b>Primary Allowed Amount</b>	\$
<b>Primary Insurance Paid</b>	\$

<b>Patient Responsibility (per primary EOB)</b>	\$
<b>Secondary Plan Allowed Amount</b>	\$ <i>(verify secondary fee schedule)</i>
<b>Secondary Plan Patient Cost-Share (copay/deduct)</b>	\$( )
<b>Estimated Secondary Payment</b>	\$
<b>Remaining Patient Balance After Both Payers</b>	\$

## SECONDARY SUBMISSION CHECKLIST

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- Primary EOB attached to secondary claim
- Primary claim number entered in Box 22 (Medicaid) or appropriate field
- Box 11 (Primary insurance info) completed
- Boxes 9, 9a–d (Other insured information) completed
- Primary allowed amount used as billed amount on secondary (verify payer requirement)
- Claim frequency code: 1 (original) for secondary claim (not 7 or 8)
- Secondary member ID verified against secondary insurance card
- COB order confirmed: primary pays first, secondary pays second

## NOTES

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