

**REMINDER:
OF
IMPORTANT NOTICE:**

**AS OF SEPTEMBER 1ST 2008
THIS OFFICE IS NO LONGER BILLING
SECONDARY INSURANCES. ****

We ask that you still provide your secondary insurance for authorization purposes. We will provide you with an itemized bill to submit to your secondary for reimbursement. We ask that you please contact them and ask for their specific requirements for you to submit the claim. We apologize for any inconvenience; we will try to answer any questions you have. Thank you for your patience and understanding.

Sincerely,

COSM Management and Billing Department

**** Does not apply to Medicare, Tricare, or Medicaid as a secondary**

Patient name: _____

Print

Initials: _____ Date: _____