COB Calculation of Contracted Write-Offs

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EXAMPLE: The provider performed four composite restorations at $250 each.
Total treatment fee is $1,000 ($250 X 4).

Submit claim for primary plan* (ALWAYS submit the full practice fee).
Note: First, determine which plan is primary.

Primary EOB received.

Enter payment from primary on patient's account (ledger card). Do not take any write-off adjustments.

Submit claim for secondary plan (ALWAYS submit the full practice fee); attach the primary EOB to the secondary claim showing the primary payment.

Secondary EOB received.

Enter payment from secondary on patient's account (ledger card).

Determine the lowest contracted fee of the two dental plans (primary and secondary) and/or additional plans.
The lowest contracted fee is the patient responsibility.

The provider write-off is determined by the total amount paid by both plans.
Any amount received above the patient responsibility is retained by the provider, up to the full practice fee.
If the total amount received from all plans is below the patient responsibility, collect the difference from the patient.

Total Practice Treatment Fee	$1,000
Lowest Contracted Fee	$ 700
Primary Plan Payment	$ 600
Secondary Plan Payment	$ 200
Total Payment From Both Plans	**$ 800**

Patient responsibility is $0

Provider Write-Off is $200

Without secondary coordination of benefits, the provider write-off would have been $300. However, in this example, the total amount received from both plans exceeds the patient responsibility by $100, therefore, reducing the provider write-off by $100.

**When submitting a claim to the patient's medical and dental plan, the patient's medical plan is always primary.*