



# Insurance Claim Denials, Resubmission, and Non-Covered Services Policy

Effective Date: 01/01/2026

## **Purpose**

This policy outlines the responsibilities of patients and Bridge Family Practice regarding insurance claim denials, claim resubmissions, non-covered services, and coding integrity. It ensures transparency, protects the practice from insurance-related liability, and reinforces compliance with payer regulations.

## **Policy Statement**

Bridge Family Practice submits claims to insurance carriers as a courtesy to patients. However, if an insurance carrier denies coverage for any visit or claim, it is **not the responsibility of**

**Bridge Family Practice** to:

- Resubmit the claim
- Make corrections
- Appeal the denial
- Track or monitor claim denial notices

Patients are responsible for handling all claim denials directly with their insurance carrier.

## **Patient Responsibility for Claim Denials**

If a claim is denied for any reason—including but not limited to coverage issues, plan exclusions, deductible requirements, coordination of benefits, or outdated insurance information—the patient must:

1. **Contact their insurance carrier directly** to resolve the denial.
2. **Obtain instructions** from their insurance regarding any required action.
3. **Notify Bridge Family Practice** if the insurance carrier requires specific documentation or resubmission.

Bridge Family Practice will only take action **after** the patient provides clear direction from their insurance carrier.

## Timelines for Resubmission

Most insurance carriers have strict timelines for claim resubmission, typically:

- 3–6 months from the date of service, or
- Up to 1 year for certain plans

If a claim becomes **too old to resubmit**, the full cost of the visit becomes the **patient's responsibility**, regardless of the reason for the denial.

## Non-Covered Visit Types

Certain visit types are commonly **not covered** by insurance carriers. Examples include, but are not limited to:

- Weight-loss consultations or weight-management visits
- Travel-related consultations, forms, or vaccinations
- Administrative or non-medical services
- Visits not considered medically necessary by the insurance carrier

Our billing team may classify these visits as self-pay at the time of service due to the high likelihood of denial.

## If a patient requests that we bill insurance anyway:

- The claim will be submitted at insurance rates
- If the insurance denies the claim, the patient will owe the full insurance-billed amount which is more expensive than our office self pay rates
- Self-pay rates cannot be applied retroactively once a claim has been filed to insurance

## Coding Integrity & Compliance

Bridge Family Practice adheres strictly to federal and state regulations regarding medical coding.

- We will **not add, remove, or alter** ICD-10 or CPT codes to obtain insurance coverage
- We will **not modify codes** based on patient request
- We code visits based solely on the provider's documentation and the services performed

Altering codes for the purpose of obtaining coverage is considered **insurance fraud**, and the clinic maintains a zero-tolerance policy.

## Annual Wellness Visits & Follow-Up Appointments

Follow-up appointments after an annual wellness visit—such as visits to review labs, imaging, or discuss new concerns—are **not part of the annual visit** and are billed separately. Bridge Family Practice will **not resubmit** these visits as part of the annual wellness exam, even if the patient believes they should be included.

Most annual visits are billed immediately and follow-ups occur after the annual claim has already been processed.

## **Patient Responsibility for Annual Wellness Eligibility**

It is the **patient's responsibility** to know when they are eligible for their annual wellness visit.

While our office makes every effort to schedule annuals at least 365 days from the previous annual, we are **not responsible** for verifying eligibility at the time of scheduling.

If a patient schedules an annual before they are eligible and insurance denies the claim:

- The visit will not be rebilled as an annual,
- The patient is responsible for the full cost of the visit.

## **Authority & Enforcement**

This policy is strictly enforced. No insurance representative, external party, or third-party entity may override or alter this policy.

Questions regarding interpretation or enforcement must be directed to practice leadership.

Sincerely,

**Bridge Family Practice Management & Care Team**

Bridge Family Practice

Phone: 361-977-2059

Fax: 361-977-2047

Address: 443 Houston St. Portland, TX 78374

Website: [Bridgemfp.com](http://Bridgemfp.com)