

Get Help with a Surprise Bill
Health insurance mediation request form

1. Fill out this form and return it by email to ConsumerProtection@tdi.texas.gov or by mail to:
Consumer Protection, MC 111-1A
Texas Department of Insurance
PO Box 149091
Austin, TX 78714-9091
2. Fill out and send the "Approval to share your health information and other private facts" section that is at the end of this form.
3. Send a copy of your bill and explanation of benefits with this form.

Patient information

Full name _____ Phone number _____
Email _____
Mailing address _____
City _____ State _____ ZIP _____

Attorney or representative (If you have one)

Full name _____ Phone number _____
Mailing address _____
City _____ State _____ ZIP _____

Insurer or health plan administrator

Full name _____ Phone number _____
Mailing address _____
City _____ State _____ ZIP _____
Policyholder if different _____ Group policy number _____
Enrollee _____ Claim number _____

Doctor or health care provider who billed you and is not in your health plan's network

Full name _____ Phone number _____
Mailing address _____
City _____ State _____ ZIP _____
Dates of service on bill _____ Billed amount _____

Place where you got the care

Full name _____ Phone number _____

Mailing address _____

City _____ State _____ ZIP _____

Briefly tell us about your claim dispute (Required)

Authorized representative

Full name _____ Relation Parent Guardian Other

If the complaint is on behalf of a person who is age 17 or younger, that person must sign here to allow use to share facts about: (1) birth control/reproductive care, (2) sexually transmitted diseases, (3) drug, alcohol, or substance abuse, and (4) mental health treatment.

Person who is age 17 or younger _____ Date _____

Certification

I certify that the information above is true and correct.

Full name _____

Signature _____ Date _____

Approval to share your health information and other private facts

You filled out a form asking for help with a surprise bill you got from a health care provider. To help you, we might need to share information you gave us. Some of the information we need to share might be: (1) about your health, and (2) facts that ID you, for example, your address and birth date. By law, we need your approval to share this information.

Who can get and use your information?

By signing this form, you allow us to share your information with those involved in your case. This can include all of the people and organizations listed on the forms you filled out asking for help and the following and their representatives:

- The hospital, clinic, emergency care provider, or other provider where you got services or supplies.
- Your health benefit plan's insurer or administrator.
- The State Office of Administrative Hearings and anyone they ask to work on your case.

What can be shared?

By signing this form, you allow TDI to share: (1) the information you filled out on the form asking for help, (2) your health information, and (3) other private facts.

To allow us to share the following information, you must initial next to each item:

- _____ Mental health records (doesn't include psychotherapy notes)
- _____ Genetic information and test results
- _____ Drug, alcohol, or substance abuse records
- _____ HIV/AIDS test results and treatment
- _____ Motor vehicle records

When will this approval end?

This approval will end if:

- The person who asked for our help turns 18 years old (the complaint was filed for a person age 17 or younger).
- The person who asked for our help tells us they no longer want our help.
- The person who asked for our help dies.
- The law about how we can help with surprise bills ends. (The law and rules can be found in Texas Insurance Code 1467).
- You enter an end date for this agreement here (this is optional): _____

Your rights

You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.

Sus derechos

Usted puede solicitar la información que tenemos sobre usted enviando un correo electrónico a OpenRecords@tdi.texas.gov o una carta a: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. Usted también tiene derecho a solicitar que TDI corrija la información incorrecta que tenga sobre usted. Para pedir una corrección envíe, (1) su nombre, dirección postal y número de teléfono, (2) los detalles de la información que necesita corregirse y (3) la razón por la cual la información es incorrecta o prueba de que la información es incorrecta. Envíe el correo electrónico a RecordCorrections@tdi.texas.gov o una carta a: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.