

Continuing care provider (CCP)

Notice of request to release funds from the reserve fund escrow account

Any person acting as an escrow agent for a provider Under Sections 246.077-246.078 of the Health, and Safety Code and Texas Department of Insurance (TDI) rules must give written notice to TDI of a provider's request for release of funds held in escrow not later than the 11th day before the date of the proposed release to the provider.

► Attestation

I, _____ as an officer/representative of the escrow agent,
Full legal name

_____ for _____
Escrow agent Provider

am aware of the requirements of Section 246.077-246.078 of the Health and Safety Code and TDI rules

attest that _____
Provider

has made a written request for release of funds from the reserve fund escrow account and that the amount of the release is equal to not more than one-twelfth of the required balance of the reserve fund escrow account. Therefore, I intend to release the funds on _____.

Date

► Section header

Name of provider _____

Name of facility _____

Location of facility

Street address or route _____

City _____ State _____ ZIP _____

Escrow agent's business address

Street address or route _____

City _____ State _____ ZIP _____

This request for release of funds on _____
Date

Amount of requested release \$ _____

Balance of escrow account prior to release \$ _____

Prior request of release of funds received on \$ _____

Amount of prior release \$ _____

Balance(s) amount repaid from prior release \$ _____

► Instructions

Submit this form and any attachments by email to FinancialAnalysis@tdi.texas.gov.