

# Health Insurance Mediation Request Form



**Complete the form and mail, fax, or e-mail it to:**

Texas Department of Insurance  
Consumer Protection Program, Mail Code 111-1A  
P. O. Box 149091, Austin, Texas 78714-9091  
Fax: 512-475-1771  
E-mail: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

Please provide the following information and sign at the bottom. **Bolded** items are required.

You can also attach copies of bills that are in dispute and the explanations of benefits (EOB) from the insurance company showing the amount the insurance company paid.

## Enrollee Contact Information

**Name (first, middle, last)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, ZIP Code** \_\_\_\_\_

**Daytime phone number** \_\_\_\_\_

E-mail address \_\_\_\_\_

TDI may release my e-mail address in response to a public information request?  Yes  No

## Attorney or Representative Information, if applicable

**Attorney or representative name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, ZIP Code** \_\_\_\_\_

**Phone number** \_\_\_\_\_

## Carrier Information

Policyholder name (if different from above) \_\_\_\_\_

Enrollee subscriber number \_\_\_\_\_

Group policy number \_\_\_\_\_

**Carrier or administrator's name** \_\_\_\_\_

Carrier or administrator's address \_\_\_\_\_  
\_\_\_\_\_

Carrier or administrator's phone number \_\_\_\_\_

Claim number(s) assigned by carrier or administrator \_\_\_\_\_

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## Hospital-Based Physician Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Phone number \_\_\_\_\_

Dates of service at issue \_\_\_\_\_

Amount billed by the physician: \_\_\_\_\_

## Hospital Information

Name of hospital where services were rendered \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

**Brief description of the claim(s) to be mediated:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the claim(s) indicated above qualifies for mandatory mediation pursuant to the requirements of Chapter 1467 of the Texas Insurance Code and the rules in Title 28 Texas Administrative Code Chapter 21, Subchapter PP, adopted pursuant to Chapter 1467.

\_\_\_\_\_  
Enrollee / Claimant / Representative Signature

\_\_\_\_\_  
Date

## Eligibility

Under Chapter 1467 of the Texas Insurance Code, you may request mediation if your claim(s) meets the eligibility criteria:

- your claim(s) was filed with (i) a PPO on or after June 19, 2009; or (ii) a health benefit plan, other than an HMO, under Chapter 1551 of the Insurance Code (an Employee Retirement System of Texas plan) on or after September 1, 2010
- your claim(s) is for a medical service or supply provided by an out-of-network hospital-based physician (such as a radiologist, an anesthesiologist, a pathologist, an emergency department physician, or a neonatologist)
- you were provided a medical service or supply in a hospital that is a preferred provider under your preferred provider benefit plan

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- the amount you owe the hospital-based physician (not including copayments, deductibles, coinsurance, and amounts paid by the insurer or administrator directly to you), is more than \$1,000, and
- your hospital-based physician did not provide a complete and accurate disclosure before providing a medical service or supply that
  - explained that the facility-based physician did not have a contract with your health benefit plan,
  - disclosed projected amounts for which you may be responsible and
  - disclosed the circumstances under which you would be responsible for those amounts.

### Access and Correction of Personal Information

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect.

For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal and Regulatory Affairs Program at [AgencyCounsel@tdi.state.tx.us](mailto:AgencyCounsel@tdi.state.tx.us) or you may refer to the [Corrections Procedure section](#) on our websites.