



Texas Department of Insurance

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Health Care Collaborative Payor Information Form

Name of Health Care Collaborative (HCC): _____

Name of Participant: _____

Please check the appropriate box that applies to the named participant:

- Individual 28 TAC §13.402(14)
Entity §28 TAC §13.402(6)
Facility 28 TAC §13.402(7)

Instructions: In accordance with 28 TAC §13.413(i)(1)(A) – (C), provide the percentage of each private payor (as defined in 28 TAC §13.402) that individually accounted for five percent or more of each participant’s business in the past year.

If revenue information is unavailable, explain why, and complete the Billed Charges Table.

If billed charges information is unavailable, explain why, and complete the Patient Visits Table.

A separate form is required for each payor that accounts for five percent or more of the participant’s business.

Payor: _____

A) REVENUE TABLE

Table with 3 columns: Row Label, Description, and Amount/Percentage. Rows include Total Revenue, Revenue from all payors, Revenue from the Payor, and percentage calculations.

Reason revenue information is unavailable:

Four horizontal lines for providing the reason revenue information is unavailable.

B) BILLED CHARGES TABLE (if revenue information is unavailable)

		Year _____
A	Total number of billed charges (regardless of source of payment)	
B	Number of billed charges covered by payors identified pursuant to §13.413(i)(1)	
C	Number of billed charges covered by the Payor	
D	•Percent of Total Billed Charges(Row C ÷ Row A)	%
E	•Percent of Commercial Billed Charges (Row C ÷ Row B)	%

Reason billed charges information is unavailable:

C) PATIENT VISITS TABLE (if billed charges information is unavailable)

		Year _____
A	Total number of patient visits (regardless of source of payment)	
B	Number of patient visits covered by payors identified pursuant to §13.413(i)(1)	
C	Number of patient visits covered by the Payor	
D	•Percent of Total Patient Visits(Row C ÷ Row A)	%
E	•Percent of Commercial Patient Visits (Row C ÷ Row B)	%