



**GRIEVANCE AND APPEAL  
REQUEST FORM**

Please use this form to file a Grievance or Appeal related to your Texicare Stop Loss Policy.  
You can submit this form to us by:

**Email: [CAG@texicare.com](mailto:CAG@texicare.com)**  
or

**Mail: 2500 Bee Caves Road, Suite 250, Austin, TX, 78746-5869**

**POLICY INFORMATION**

Name of Policyholder:

Policy Number:

Principal Address:

**GRIEVANCE/APPEAL INFORMATION**

Claim Number (if applicable):

Date(s) of Service (if applicable):

Please explain the reason for your grievance or appeal:

If you have any additional information to support your grievance or appeal, please attach it to this request.

**Submitted by:**

**Date: (mm/dd/yyyy)**

