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
or
Mail: PO Box 160068, Austin, TX 78716

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)**