

Company Letterhead

[date]

Health Plan Vendor

Vendor Street
Vendor City, St, Zip

Re: Request for Claim Information under Section 1215.003 of the Texas Insurance Code

Dear Vendor:

This request is made pursuant to Chapter 1215 of the Texas Insurance Code. Vendor is requested by the Plan and Plan Sponsor to provide Plan Sponsor the protected health information of Plan participants in order that Plan Sponsor may perform the plan administration functions.

The information required for this aspect of the Plan healthcare operations includes the following information as set forth in Section 1215.003(c) of the Texas Insurance Code:

1. Aggregate paid (not incurred) claims experience by month, including claims experience for medical, dental, and pharmacy benefits, as applicable;
2. Total premium paid by month;
3. The total number of covered employees on a monthly basis by coverage tier, including whether coverage was for an employee only, an employee with dependents only, an employee with a spouse only, or an employee with spouse and dependents;
4. Total dollar amount of pending claims as of the date of the report;
5. A separate description and individual claims report for any individual whose total paid claims exceed \$15,000 during the period corresponding to the above aggregate paid claim report, including the following information related to the claims for that individual:
 - a. a unique identifying number, characteristic, or code for the individual;
 - b. the amounts paid;
 - c. dates of service; and
 - d. applicable procedure codes and diagnosis codes;
6. For claims that are not part of the report described by items 1 through 5 above, a statement describing pre-certification requests for hospital stays of five days or longer that were made during the 30-day period preceding the date of the report.

We require the above information for the following policy periods:

1. [Insert Immediate Plan Year Dates]
2. [Insert Prior Plan Year Dates]
3. [Insert Older Plan Year Dates (assuming the same carrier)]

Please provide the requested information directly to **Your Name** of **Your Company**, at the address listed below or through secure email to **Your Email**. If you have any questions regarding this request or your obligations under the Texas Insurance Code, please contact me at **Your Phone Number**.

Sincerely,

[your signature]

Your Name
Your Title
Your Company
Your Address