

COUNTY INDIGENT HEALTH CARE PROGRAM ELIGIBILITY DISPUTE RESOLUTION REQUEST (EDRR)

Case Record Name	Date of Request
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Check which eligibility criterion (Residence, Household, Resources, Income) or eligibility item (Other) is being disputed. In the space to the right of the checked box, state the disputed matter.

Residence _____

Household _____

Resources _____

Income _____

Other _____

Entities Involved in the Eligibility Dispute

	Name of the Entity	Name of the Entity
Name of Contact Person		
Mailing Address		
Telephone Number	()	()

Comments: _____

Submitted by: _____ **Telephone:** () _____

PURPOSE

Use to request TDSHS to resolve an eligibility dispute between two or more entities when a county, a hospital district, a public hospital, or other provider cannot agree on a household's eligibility.

Only eligibility can be disputed, not claim payment.

PROCEDURE

Complete an original and one copy of Form 106. To the original, attach any relevant information. Mail the original Form 106 and the relevant information to:

Texas Department of State Health Services
Primary Care Group MC-2831
PO Box 149347
Austin, TX 78714-9347

File the copy of the Form 106 for county records.

DETAILED INSTRUCTIONS

At the top of Form 106, enter the case record name and the date that resolution of the eligibility dispute is requested.

Check which eligibility criterion or eligibility item is being disputed. Check the appropriate box. State the disputed matter.

Entities Involved in the Eligibility Dispute. List the name of the entity, the contact person, the mailing address, and the telephone number, including area code, for each entity involved in the eligibility dispute.

Comments. Summarize the issues involved in the eligibility dispute.

Signature/Telephone. The person submitting the Form 106 should sign their name and list their telephone number, including area code.

FORM RETENTION

Maintain the records at least until the end of the third complete state fiscal year following the date on which the application is submitted.