



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

JOHN HELLERSTEDT, M.D.
COMMISSIONER

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

Medicaid services were provided by the Texas Department of State Health Services to:

_____	_____
(Patient's name)	(Patient's SSN)
_____	_____
(Patient's Address)	(Patient's DOB)

(Patient's Address Cont.)	

On the following dates: _____

Signature _____

(DSHS Representative) (Date)

Please Print: _____

(Name of DSHS Representative)

(Clinic Address)

(Clinic Address cont.)

(Additional Notes)

(Clinic Phone Number)

(Use this form when determining three months prior eligibility)