



Texas Health Insurance Pool Notice of Grievance Procedures

If you do not agree with the decision by the Administrator or other representative of the Pool regarding (1) declination of Pool coverage to you, (2) termination of your Pool coverage, or (3) the amount paid on any medical claim, you may appeal such decision.

STEP 1. You must first submit your appeal by letter or facsimile to the Pool Administrator. Your appeal may include an explanation of the reasons you believe the decision should have been different. Please include the group number 59473 and, if applicable, the 12-digit subscriber number on your Pool I.D. card.

**Texas Health Insurance Pool
c/o Blue Cross and Blue Shield of Texas
P.O. Box 6089
Abilene, TX 79608-6089
Fax Number: (325) 793-4134
Phone Number: (888) 398-3927**

The Pool Administrator will objectively evaluate and investigate your appeal and mail you their conclusion.

STEP 2. If you are not satisfied with the Pool Administrator's response in Step 1, you may make an additional written appeal to the Grievance Committee of the Pool. This committee is comprised of four members of the Pool's Board of Directors and is independent of the Pool Administrator. Your appeal must be received at the following address within sixty (60) calendar days from the date you were notified of the Pool Administrator's response to your initial appeal:

**Texas Health Insurance Pool
Grievance Committee
9211 Broadway Street #17463
San Antonio, TX 78217
poolinfo@txhealthpool.org
Fax Number: (512) 610-5969
Phone Number: (512) 441-7665**

Within forty-five (45) days after your appeal is received, the Grievance Committee will meet to consider your appeal. You will be provided with written notice of the date, time, and location of their meeting. You and/or your representative may attend this meeting. The decision of the Committee will be the final action of the Pool. You will be notified in writing of the decision of the Grievance Committee within ten (10) days after their meeting.