



Texas Health Insurance Pool
 P.O. Box 660819
 Dallas, TX 75266
 325-793-4134 Fax

**Outpatient Prescription Drug
 Pre-Existing Condition Investigation Form**

Dear Pool Member:

During your pre-existing condition waiting period your Pool policy does not cover medications prescribed for conditions that existed prior to your policy issue date. If the Pool has denied coverage for a drug that was prescribed for a medical condition that did not exist prior to your Pool effective date, please complete the Pool Member/Patient Information section below and fax or mail your signed form to:

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If you paid for your prescription at the pharmacy, attach a copy of your pharmacy receipt. *Please use a separate form for each denied prescription.* We will send a Pre-Existing Condition Investigation Form to your prescribing physician for completion and you will receive a decision notification letter after the investigation is completed. If you have any questions, please call the Pool at 888-398-3927, Option #2. *(Additional copies of this form are available at www.txhealthpool.org).*

Pool Member/Patient Information	
Member Name:	Subscriber ID #:
Member Address:	Member Phone #:
Prescription Medication:	Physician Phone:
Prescribing Physician Name:	Physician Fax:
Physician Address:	

 Member Signature

 Date

08/2009

P.O. Box 660819, Dallas, TX 75266 • 1-888-39-TEXAS (398-3927)
 For Hearing and Speech Impaired 1-800-735-2988

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 a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association