TLHIGA

Texas Life & Health Insurance Guaranty Association

BRIGHT HEALTHCARE INS CO OF TEXAS, IN LIQUIDATION, PROVIDER APPEAL FORM

Please complete the following information entirely and return this form with supporting documentation by mail to the address listed below. Send only one appeal per claim.

Before filing an appeal, please review the following to ensure filing an appeal is appropriate.

- If a claim has not been acted upon, i.e., not paid or formally denied, please verify claim status first.
- If the claim has been returned for insufficient or incorrect information to be corrected, please submit the information; do not file an appeal.
- Provide relevant supporting documentation, including but not limited to copy of claim, explanation of payment, medical records, and previous related correspondence. If sufficient information is not included, an appeal review may be delayed or not conducted.
- Independent Dispute Resolutions (IDRs) may be filed with the Special Deputy Receiver through the Proof of Claim process. For more information, please go to https://brighthealthcaretxsdr.com/.

Date:	Type of Appeal: Claim ☐	Authorization ☐
Provider/Group/Facility Information		
Provider/Group/Facility Name:		
Provider TIN/NPI Number:		
Contact Name:		
Phone Number:	Fax Number:	
Email Address:		
Address:	Apt./Suite:	
City:	State:	Zip Code:
Member Information		
Last Name:	First Name:	
DOB:	Member ID Number:	
Member Address:	Apt./Suite:	
City:	State:	Zip Code:
Phone Number:		
Claim Information		
Provider ☐	Facility ☐	Ancillary Health Care Professional (DME, lab, etc) ☐
Claim #:	Authorization # (if applicable)	DOS:
Billed Amount:	Paid Amount:	
State reason for Appeal:		

Submit By Mail to: BHICOT
PO Box 836
Portland, ME 04104