

R&S Report: Banner Page

Texas Medicaid & Healthcare Partnership  
Remittance and Status Report  
Date: 02/01/2016

Mail original claim to:  
Texas Medicaid & Healthcare Partnership  
P.O. Box 200555  
Austin, Texas 78720-0855

TEXAS PROVIDER  
PO BOX 848484  
DALLAS, TX 75888-1234  
(214) 555-4141

Mail all other correspondence to:  
Texas Medicaid & Healthcare Partnership  
12357-B Riata Trace Parkway  
Austin, Texas 78727-6422

TPI: 1234567-01  
NPI/API: 1234567890  
Taxonomy: 193400000X  
Benefit Code:  
Report Seq. Number: 35  
R&S Number: 2460000

(800) 925-9126

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(01/18/16 THROUGH 02/08/16) \*\*\*\*\*ATTENTION ALL MEDICAID PROVIDERS\*\*\*\*\*

EFFECTIVE FOR DATES OF SERVICE ON OR AFTER MARCH 1, 2016, BENEFIT CRITERIA FOR HOSPITAL BEDS WILL CHANGE FOR HOME HEALTH SERVICES. DETAILS ARE AVAILABLE ON THE TMHP WEBSITE AT WWW.TMHP.COM. FOR MORE INFORMATION CALL THE TMHP CONTACT CENTER AT 1-800-925-9126.

TEXAS PROVIDER  
PO BOX 848484  
DALLAS, TX 75888-1234  
(214) 555-4141

YOUR AIS NUMBER IS 0000000-01  
FOR AIS INQUIRY CALL TOLL FREE 1-(800) 925-9126  
THE PROVIDER MANUAL PROVIDES DETAILS.  
PHYSICAL ADDRESS ON RECORD:  
TEXAS PROVIDER  
PO BOX 848484  
DALLAS, TX 75888-1234  
  
(214) 555-4141