



TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
**A STATE MEDICAID CONTRACTOR**

Insurance Premium Payment Assistance  
 PO Box 201120  
 Austin, TX 78720-9774  
 1-800-440-0493

Each month, you must submit either your paycheck stub or this Certification Statement to receive reimbursement from IPPA.

You must submit your paycheck stub if your insurance premium is deducted from your paycheck. You must submit the Certification Statement below if your insurance premium is deducted from an annuity payment.

**Certification Statement Instructions**

At the beginning of every month, you must complete and submit the Certification Statement shown below. We must receive the Certification Statement no later than 95 days after the month in which you paid your premium.

We will process your repayment within 3 to 5 business days of receiving the Certification Statement.

If you have any questions, please call 1-800-440-0493.

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**Certification Statement**

CSHCN Services Program Case Number (s):

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Client Name (s): \_\_\_\_\_ (please print)

I certify that the medical premium amount paid is \$ \_\_\_\_\_ for the month

and year of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax it to 1-866-409-1188 (toll free), or mail it to:

Insurance Premium Payment Assistance  
 PO Box 201120  
 Austin, Texas 78720-9774

Helpline: 1-800-440-0493 Monday to Friday, 7a.m. to 7p.m. Central Time  
 For those who are speech or hearing impaired, call 7-1-1 for Relay Texas.