Health Care Collaborative Payor Information Form

Name of Healthcare Collaborative (HCC): _____

Name of Participant: _____

Please check the appropriate box that applies to the named participant:

☐ Individual 28 TAC §13.402(14)

☐ Entity §28 TAC §13.402(6)

☐ Facility 28 TAC §13.402(7)

Instructions: In accordance with 28 TAC §13.413(i)(1)(A) - (C), provide the percentage of each private payor (as defined in 28 TAC §13.402) that individually accounted for five percent or more of each participant's business in the past year.

If revenue information is unavailable, explain why, and complete the Billed Charges Table.

If billed charges information is unavailable, explain why, and complete the Patient Visits Table.

A separate form is required for each payor that accounts for five percent or more of the participant's business.

Payor: _____

A) REVENUE TABLE

		Year _____
A	Total Revenue from the provision of health care services (all sources - commercial and government payors)	$
B	Revenue from the provision of health care services from all payors identified pursuant to §13.413(i)(1)	$
C	Revenue from the Payor	$
D	Percent of Total Revenue (Row C ÷ Row A)	%
E	Percent of Commercial Revenue (Row C ÷ Row B)	%

Reason revenue information is unavailable: _____

_____

_____

B) BILLED CHARGES TABLE (if revenue information is unavailable)

		Year _____
A	Total number of billed charges (regardless of source of payment)	$
B	Number of billed charges covered by payors identified pursuant to §13.413(i)(1)	$
C	Number of billed charges covered by the Payor	$
D	Percent of Total Billed Charges (Row B ÷ Row A)	%
E	Percent of Commercial Billed Charges (Row C ÷ Row B)	%

Reason billed charges information is unavailable: _____

_____

_____

_____

C) PATIENT VISITS TABLE (if billed charges information is unavailable)

		Year _____
A	Total number of patient visits (regardless of source payment)	$
B	Number of patient visits covered by payors identified pursuant to §13.413(i)(1)	$
C	Number of patient visits covered by the Payor	$
D	Percent of Total Patient Visits (Row B ÷ Row A)	%
E	Percent of Commercial Patient Visits (Row C ÷ Row B)	%

📎 Email filing to CLRFilings@tdi.texas.gov

► Questions?

Email us at CompanyLicense@tdi.texas.gov or call 512-676-6365.