

No. **2025-9182**

**Official Order
of the
Texas Commissioner of Insurance**

Date: 03/06/2025

Subject Considered:

Phonoscope Health Network, Inc.
6105 Westline Dr
Houston, Texas 77036-3515

Default Order
TDI Enforcement File No. 36063

General Remarks and Official Action Taken:

This is a default order taken against Phonoscope Health Network, Inc. (Respondent) because it failed to comply with requirements to maintain its third-party administrator (TPA) certificate of authority. Respondent did not respond to a Notice of Allegations mailed by the Texas Department of Insurance. This order revokes Respondent's certificate of authority.

The following findings of fact and conclusions of law are adopted.

Findings of Fact

Failure to Respond to Notice of Allegations

1. On December 12, 2024, the department sent a Notice of Allegations, attached as Exhibit A, to Respondent.
2. The department sent the Notice of Allegations to Respondent's last known address provided in writing to the department, 6105 Westline Dr Houston, Texas 77036-3515.

2025-9182

Commissioner's Order

Phonoscope Health Network, Inc.

Page 2 of 4

3. Respondent received and waived an opportunity for a hearing because Respondent failed to send the department a written response to the Notice of Allegations within 20 days after the date the Notice of Allegations was mailed.
4. The department's factual allegations set out in the attached Notice of Allegations are incorporated in this order as findings of fact.

Conclusions of Law

1. The commissioner has jurisdiction under Texas law, including TEX. INS. CODE §§ 82.051–82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, 4151.301–4151.309; TEX. GOV'T CODE §§ 2001.051–2001.178, 2001.003(1); and 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609.
2. The commissioner has authority to dispose of this case informally under TEX. GOV'T CODE § 2001.056; TEX. INS. CODE § 82.055; and 28 TEX. ADMIN. CODE § 1.47.
3. The department provided proper notice to Respondent under TEX. GOV'T CODE §§ 2001.003(1), 2001.051, 2001.052, 2001.054, and 2001.056(4), and 28 TEX. ADMIN. CODE §§ 1.28 and 1.47.
4. Based on Respondent's failure to send the department a written response to the Notice of Allegations, the department is entitled to disposition by default under 28 TEX. ADMIN. CODE § 1.47.
5. Respondent failed to show compliance with the law.
6. The department's factual and legal allegations set out in the attached Notice of Allegations are incorporated in this order and deemed admitted as true under 28 TEX. ADMIN. CODE § 1.47.

2025-9182

Commissioner's Order
Phonoscope Health Network, Inc.
Page 3 of 4

Order

It is ordered that the third-party administrator certificate of authority held by Phonoscope Health Network, Inc. is revoked.

It is also ordered that Phonoscope Health Network, Inc. cease and desist engaging in the business of a third-party administrator in Texas.

Signed by: 
FC5D7EDDFFB4F8... _____
Cassie Brown
Commissioner of Insurance

Prepared and reviewed by:



Victor Moya III, Staff Attorney
Enforcement

2025-9182

Commissioner's Order
Phonoscope Health Network, Inc.
Page 4 of 4

Affidavit

STATE OF TEXAS §

§

COUNTY OF TRAVIS §

Before me, the undersigned authority, personally appeared Roxanne Rodriguez, who, being by me duly sworn, deposed as follows:

"My name is Roxanne Rodriguez and I am employed by the Texas Department of Insurance. I am of sound mind, capable of making this affidavit, and have personal knowledge of these facts which are true and correct.

I have reviewed TDI's records concerning Phonoscope Health Network, Inc. I have confirmed that:

- a. The last mailing address provided to the department in writing by Phonoscope Health Network, Inc. is 6105 Westline Dr Houston, Texas 77036-3515.
- b. The file maintained by Enforcement contains a Notice of Allegations dated December 12, 2024, which was sent to Phonoscope Health Network, Inc.
- c. On December 12, 2024, the Notice of Allegations addressed to Phonoscope Health Network, Inc. was mailed first-class and certified, return receipt requested, to its last known address.

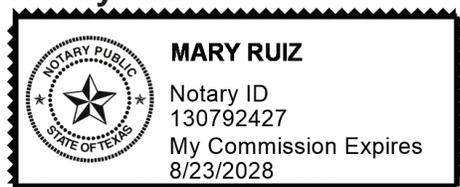
Copies of the first-class mail log and certified mail log maintained by Enforcement are attached as Exhibit B and Exhibit C, respectively."

Signed by:

5130F4FE9EA1442...
Affidavit

SWORN TO AND SUBSCRIBED before me by means of an interactive two-way audio and video communication on 2/12/2025. This notarial act was an online notarization.

Notary Seal



Digital Certificate

Signed by:

795DC4D59167489...
Notary Public State of Texas

2025-9182



PO Box 12030 | Austin, TX 78711 | 800-578-4677 | tdi.texas.gov

December 12, 2024

Phonoscope Health Network, Inc.
6105 Westline Dr
Houston, TX 77036-3515

Via CM/RRR No. 9214 8901 9403 8391 3742 87
Via Email: lcook@phonoscope.com
Via First Class Mail

TDI ENFORCEMENT CASE NO. 36063
NOTICE OF ALLEGATIONS AGAINST PHONOSCOPE HEALTH NETWORK, INC.

The Texas Department of Insurance (TDI) seeks to take disciplinary action against Phonoscope Health Network, Inc. to revoke its certificate of authority to act as a third party administrator. This Notice states the allegations against Phonoscope Health Network, Inc. and the relief sought by TDI.

YOUR WRITTEN RESPONSE IS REQUIRED WITHIN 20 DAYS

YOU HAVE THE RIGHT TO A HEARING AND ARE INVITED TO SHOW COMPLIANCE WITH THE LAW. To request a hearing, you must send a written response to TDI within 20 days of the date this Notice was mailed.

If you fail to send a written response by the deadline, *you waive your right to a hearing*, and TDI may seek disposition by default under 28 TEX. ADMIN. CODE § 1.47, TEX. INS. CODE § 82.055, and TEX. GOV'T. CODE § 2001.056.

If you fail to send a written response by the deadline, without further notice to you, the commissioner of insurance may issue a default order that admits the factual matters asserted, deems all allegations as true, and orders the relief recommended in this Notice.

You must send your written response by mail, fax, or email to:

Victor Moya III, Staff Attorney
Texas Department of Insurance
Enforcement, MC ENF
P.O. Box 12030
Austin, Texas 78711-2030
(512) 490-1020 (Fax)
Victor.Moya@tdi.texas.gov



Jurisdiction

The commissioner of insurance has jurisdiction over this matter under TEX. INS. CODE §§ 82.051–82.055, 4151.051, 4151.056, 4151.205, 4151.206, 4151.212, 4151.301–4151.309; TEX. GOV'T CODE §§ 2001.051–2001.178; 28 TEX. ADMIN. CODE §§ 7.1601, 7.1603, and 7.1609; and TEX. GOV'T CODE § 2001.003(1).

Factual Allegations

1. On April 30, 2009, TDI issued Phonoscope Health Network, Inc. third party administrator (TPA) certificate of authority no. 2989017.
2. Texas law states that TPA certificates of authority are effective until suspended, canceled, or revoked.
3. TPAs must file annual reports by June 30th of each year covering the preceding calendar year. The report must include an audited financial statement performed by an independent certified public accountant.
4. TPAs must pay a non-refundable \$200 filing fee for each annual report.
5. A TPA is subject to discipline, including revocation of its certificate of authority, if it fails to timely file its annual report.
6. Phonoscope Health Network, Inc. failed to file its annual reports and pay the associated \$200 filing fees for calendar years 2019-2023.
7. On June 26, 2006, Phonoscope Health Network, Inc. filed an application for registration as a corporation with the Texas Secretary of State.
8. On October 19, 2018, the Texas Secretary of State forfeited the registration of Phonoscope Health Network, Inc.

Legal Allegations

1. Phonoscope Health Network, Inc. failed to timely file annual TPA reports by June 30th on a form prescribed by the commissioner, in violation of TEX. INS. CODE §§ 4151.205 and 4151.301(14), and 28 TEX. ADMIN. CODE § 7.1609.

2025-9182

Notice of Allegations
Phonoscope Health Network, Inc.
Page 3 of 5

2. Phonoscope Health Network, Inc. failed to pay the annual \$200 TPA filing fee in violation of TEX. INS. CODE § 4151.206(a)(3) and 28 TEX. ADMIN. CODE § 7.1609(a).
3. Phonoscope Health Network, Inc. failed to maintain at all times the qualifications for a certificate of authority, as required by TEX. INS. CODE § 4151.212 and 28 TEX. ADMIN. CODE § 7.1607(e).
4. Phonoscope Health Network, Inc. has willfully violated an insurance law of this state, as contemplated by TEX. INS. CODE § 4151.301(1).
5. Phonoscope Health Network, Inc. has willfully violated a commissioner rule, as contemplated by TEX. INS. CODE § 4151.301(10).

Relief Sought

TDI seeks the following relief:

1. revocation of your TPA certificate of authority;
2. an order mandating you cease and desist from engaging in the acts of a TPA in Texas; and
3. imposition of any other just and appropriate relief to which the department may be entitled to by law, including any combination of the above actions.

Respectfully,



Victor Moya III
State Bar No. 24104330
Texas Department of Insurance
Enforcement, MC ENF

2025-9182

Notice of Allegations

Phonoscope Health Network, Inc.

Page 4 of 5

P.O. Box 12030

Austin, Texas 78711-2030

(512) 676-6332 (Direct)

(512) 490-1020 (Fax)

Victor.Moya@tdi.texas.gov

cc: Leah Gillum, Deputy Commissioner, Fraud and Enforcement Division, MC: ENF
Ginger Loeffler, Litigation Director, Enforcement, MC: ENF

2025-9182

Notice of Allegations
Phonoscope Health Network, Inc.
Page 5 of 5

CERTIFICATE OF SERVICE

I, Victor Moya III, certify that a true and correct copy of this *Notice of Allegations Against Phonoscope Health Network, Inc.* was sent by the following methods on this 12th day of December, 2024 to:

Phonoscope Health Network, Inc.
6105 Westline Dr
Houston, TX 77036-3515

Via CM/RRR No.: 9214 8901 9403 8391 3742 87
Via First Class Mail
Via Email: lcook@phonoscope.com

A handwritten signature in black ink that reads "Victor Moya III". The signature is written in a cursive style with a large, stylized "V" and "M".

Victor Moya III

Name and Address of Sender
 Texas Dept of Insurance
 Mail Code ENF
 1601 Congress Avenue, Suite 6,900
 Austin TX 78701
 Mary Ruiz, December 12, 2024

Check type of mail or service

Adult Signature Required Priority Mail Express
 Adult Signature Restricted Delivery Registered Mail
 Certified Mail Return Receipt for Merchandise
 Certified Mail Restricted Delivery Signature Confirmation
 Collect on Delivery (COD) Signature Confirmation Restricted Delivery
 Insured Mail
 Priority Mail
 First-Class Mail

Attach Stamp Here
 (if issued as an international certificate of mailing or for additional copies of this receipt), Postmark with Date of Receipt

USPS Tracking/Article Number
 MOYA/36063

Address (Name, Street, City, State, & Zip Code)
 Phonoscope Health Network, Inc.
 6105 Westline Dr
 Houston, TX 77036-3515

Postage	(Extra Services) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
69												

RECEIVED
 DEC 13 2024
 TDI - ENFORCEMENT



2025-9182

Number of Pieces
 Total Number of Pieces Received at Post Office

Completed in Ink

Handling Charge-if Registered

Adult Signature Required
 Adult Signature Restricted Delivery
 Restricted Delivery
 Return Receipt
 Signature Confirmation
 Signature Confirmation Restricted Delivery
 Special Handling



quodient
 CORRECTION
 IMI
 \$002.00
 12/12/2024 ZIP 78701
 043M32206995

US POSTAGE

EXHIBIT
 Exhibit B

2025-9182



Shipment Confirmation Acceptance Notice

A. Mailer Action

Note to Mailer: The labels and volume associated to this form online, **must** match the labeled packages being presented to the USPS® employee with this form.

Shipment Date: 12/12/2024

Shipped From:

Name: ENF M RUIZ

Address: 1601 CONGRESS AVENUE

City: AUSTIN

State: TX ZIP+4® 78701

Type of Mail	Volume
Priority Mail Express®	
Priority Mail®	
First-Class Package Service®	
Returns	
International*	
Other	1
Total	1

*Start time for products with service guarantees will begin when mail arrives at the local Post Office™ and items receive individual processing and acceptance scans.

B. USPS Action

Note to RSS Clerk:

1. Home screen > Mailing/Shipping > More
2. Select Shipment Confirm
3. Scan or enter the barcode/label number from PS Form 5630
4. Confirm the volume count message by selecting Yes or No
5. Select Pay and End Visit to complete transaction

USPS EMPLOYEE: Please scan upon pickup or receipt of mail.
Leave form with customer or in customer's mail receptacle.

USPS SCAN AT ACCEPTANCE



9275 0901 1935 6200 0057 6444 30

EXHIBIT

Exhibit C

moya/36063



Firm Mailing Book For Accountable Mail

Name and Address of Sender
 ENF M RUIZ
 1601 CONGRESS AVENUE
 STE 6.900
 AUSTIN TX 78701

- Check type of mail or service
- Adult Signature Required
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Collect on Delivery (COD)
 - Insured Mail
 - Priority Mail
 - Priority Mail Express
 - Registered Mail
 - Return Receipt for Merchandise
 - Signature Confirmation
 - Signature Confirmation Restricted Delivery

Affix Stamp Here
 (for additional copies of this receipt).
 Postmark with Date of Receipt.

USPS Tracking/Article Number

Address (Name, Street, City, State, & ZIP Code™)

1. 9214 8901 9403 8391 3742 87

PHONOSCOPE HEALTH NETWORK, INC.
 6105 WESTLINE DR
 HOUSTON, TX 77096-3515

moya/36063

Postage	(Extra Service) Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	ASR Fee	ASRD Fee	RD Fee	RR Fee	SC Fee	SCRD Fee	SH Fee
0.69	4.85								2.62			

Handling Charge - if Registered and over \$50,000 in value

Adult Signature Required

Adult Signature Restricted Delivery

Restricted Delivery

Return Receipt

Signature Confirmation

Signature Confirmation Restricted Delivery

Special Handling

RECEIVED
 DEC 13 2024

TDI - ENFORCEMENT



2025-9182

Total Number of Pieces Listed by Sender: 1

Total Number of Pieces Received at Post Office: 1

Postmaster: Postmaster (Name of receiving employee)

Complete in Ink

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