TEXAS DEPARTMENT OF INSURANCE
Regulatory Policy Division - Accident and Health Program (106-1D)
333 Guadalupe, Austin, Texas 78701 PO Box 149104, Austin, Texas 78714-9104
(512) 676-6630 | F: (512) 490-1017 | (800) 578-4677 | TDI.texas.gov | @TexasTDI

GROUP HEALTH SPECIFIED DISEASE CHECKLIST

Every effort has been made to ensure the accuracy of the information in this document. All parties should consult the Texas Insurance Code, the Texas Administrative Code, and other applicable laws.

Form Use - *For each listed item, complete the following:*

Page No. field *- enter a form page number reference, or N/A if not applicable.*

Comment box *- enter general comments or form objections. In the drop down box select: No Comments, Comments, or Objection. Text limit: 1200 characters. When you print the form, only the visible text (first three lines) will print.*

To view the full text in a comment box, click on the + icon in the lower right corner of the box and then use the up or down scroll buttons.

Use the last page for additional comments and objections. (Text limit: 4000 characters).

DEFINITIONS

Page No.

"Actual charge" or "actual fee" means amount actually paid to and accepted by a provider - §1201.0601, TIC

See next page for additional comments or objections.

Additional Comments or Objections: