

Texas Health Insurance Risk Pool  
P.O. Box 6089  
Abilene, TX 79608-6089  
325-793-4134 Fax



**Outpatient Prescription Drug  
Pre-Existing Condition Investigation Form**

Dear Pool Member:

During your pre-existing condition waiting period your Pool policy does not cover medications prescribed for conditions that existed prior to your policy issue date. If the Pool has denied coverage for a drug that was prescribed for a medical condition that did not exist prior to your Pool effective date, please complete the Pool Member/Patient Information section below and fax or mail your signed form to:

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If you paid for your prescription at the pharmacy, attach a copy of your pharmacy receipt. *Please use a separate form for each denied prescription.* We will send a Pre-Existing Condition Investigation Form to your prescribing physician for completion and you will receive a decision notification letter after the investigation is completed. If you have any questions, please call the Pool at 888-398-3927, Option #2. *(Additional copies of this form are available at [www.txhealthpool.org](http://www.txhealthpool.org)).*

| <b>Pool Member/Patient Information</b> |                  |
|--|------------------|
| Member Name:                           | Subscriber ID #: |
| Member Address:                        | Member Phone #:  |
| Prescription Medication:               | Physician Phone: |
| Prescribing Physician Name:            | Physician Fax:   |
| Physician Address:                     |                  |

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

08/2006

*P.O. Box 6089, Abilene, TX 79608-6089 • 1-888-39-TEXAS (398-3927)  
For Hearing and Speech Impaired 1-800-735-2988*

*Texas Health Insurance Risk Pool administered by Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association*