

Mailing Physical			
Mailing Physical Address Same as: <input type="checkbox"/> Physical <input type="checkbox"/> Mailing Physical <input type="checkbox"/> Billing <input type="checkbox"/> Contract <input type="checkbox"/> Payment <input type="checkbox"/> Other _____			
Address (number, street, P.O. Box number)	City	State	Nine-digit ZIP code
Contact for Mailing Physical:			
First Name:	Last Name:	Suffix:	
Phone:	Fax:		
E-Mail:	Alternate E-mail:		
Billing			
Billing Address Same as: <input type="checkbox"/> Physical <input type="checkbox"/> Mailing Physical <input type="checkbox"/> Billing <input type="checkbox"/> Contract <input type="checkbox"/> Payment <input type="checkbox"/> Other _____			
Address (number, street, P.O. Box number)	City	State	Nine-digit ZIP code
Contact for Billing Address:			
First Name:	Last Name:	Suffix:	
Phone:	Fax:		
E-Mail:	Alternate E-mail:		
Contract			
Contract Address Same as: <input type="checkbox"/> Physical <input type="checkbox"/> Mailing Physical <input type="checkbox"/> Billing <input type="checkbox"/> Contract <input type="checkbox"/> Payment <input type="checkbox"/> Other _____			
Address (number, street, P.O. Box number)	City	State	Nine-digit ZIP code
Contact for Contract Address:			
First Name:	Last Name:	Suffix:	
Phone:	Fax:		
E-Mail:	Alternate E-mail:		
Payment			
Payment Address Same as: <input type="checkbox"/> Physical <input type="checkbox"/> Mailing Physical <input type="checkbox"/> Billing <input type="checkbox"/> Contract <input type="checkbox"/> Payment <input type="checkbox"/> Other _____			
Address (number, street, P.O. Box number)	City	State	Nine-digit ZIP code
Contact for Payment Address:			
First Name:	Last Name:	Suffix:	
Phone:	Fax:		
E-Mail:	Alternate E-mail:		
Other			
Other _____ Address Same as: <input type="checkbox"/> Physical <input type="checkbox"/> Mailing Physical <input type="checkbox"/> Billing <input type="checkbox"/> Contract <input type="checkbox"/> Payment			
Address (number, street, P.O. Box number)	City	State	Nine-digit ZIP code
Contact for Other Address:			
First Name:	Last Name:	Suffix:	
Phone:	Fax:		
E-Mail:	Alternate E-mail:		

PRIVACY NOTIFICATION

With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004)

Texas Health and Human Services Commission
Hemophilia Assistance Program
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