TEXAS Health and Human Services

Form 1595
October 2012-E

Billing Resolution Request

Contractor Name	Contract No.	Date
Contractor Contact Name		Contact's Telephone No.
Contractor Contact's Mailing Address		Contact's Fax No.
Name of Individual Receiving Services (Last, First, MI)	Individual's No.	Name of HHS Case Manager (if known)

Service Group	Service Code	Service Dates		Error Code Number	Units	Amount
		From	To			

Comments:

Signature – Contractor Representative

Signature Date

Attach all supporting documentation (Forms 2101, 2065, 2067, etc., along with R&S report or Claim Detail Report).

HHS Use Only	
Date Received by CMS Coordinator	Date Billing Resolution was Communicated to the Contractor

Comments:

Signature – CMS Coordinator