Texas Farm Bureau Health Plans
Phone 1-877-500-0140
tfbhealthplans.com

REQUEST FOR MEDICAL RECORDS

Attention Provider: Any expense incurred in obtaining medical records is to be paid by the **patient**

Date: _____________
Primary Applicant Name:___________________________
Address_______________________________________
City, ST, Zip:______________________________________

Patient Name:______________________
DOB_____________________________
County Office:_____________________

We have received a request to evaluate you and/or your dependent's eligibility for health care coverage. In order for the Medical Underwriting department to process your application, your physician will need to provide information below by attaching medical records. This information submitted may result in the Medical Underwriting department requesting further medical information to adequately underwrite your application. **Note:** Medical must be received on or before the last day of the month prior to the requested effective date or your effective date will be adjusted.

Please return a copy of this form and any requested medical information to TFBHP to keep your application for health coverage from expiring.
Deadline for submission: _______________.

Medical information needed for: ______________________ **Date of birth:** ______________

Please submit medical information regarding:

1. **Current height, weight, and blood pressure readings taken within the last 12 months.**
2. **Fasting lipid (cholesterol) panel results taken within the last 12 months.**
3. **Fasting glucose (sugar) results taken within the last 12 months.**
4. **List of current medications and conditions for which medications prescribed.**

All of the above information is required for the purpose of underwriting your application.

Please submit this form and medical records to TFBHP. See the attached Patient Authorization for Release of Protected Health Information.

Email: underwritingforms@fbhpservices.com | **Fax:** 1-931-560-4304

Applicant is encouraged to keep a personal copy of all medical records submitted to TFBHP.
To obtain a copy of medical from TFBHP, the applicant must contact the TFBHP Privacy Office. There will be a charge for the return of medical records.