

TEXAS IFP MISDIRECTED COVERSHEET

Managed Care Risk Entity Payer ID:		
RETURN TO:		-
Note: Refer to the Unit address.	tedHealthcare Care Provider Administrativ	- e Guide for the appropriate
Managed C	are Risk Entity Receiv	ed Date:
Received by	y (EDI or Paper):	

To ensure efficient processing, kindly attach a separate coversheet to each claim.