TEXAS Health and Human Services

Form H2064
April 2013

Gap in Enrollment for Medicaid Managed Care Members

Provider Section		
Name of Provider	Contact Name	Phone Number
Name of Member	Medicaid No.	
Dates of Service From To	Claim Filed with MCO? ☐ Yes ☐ No	
Name of MCO	Claim Denied? ☐ Yes ☐ No	
Reason for Denial		

Operations Coordination Section		
Date Received	Gap Confirmed ☐ Yes ☐ No	Gap Resolved ☐ Yes ☐ No
If not resolved, provide reason:		

This authorizes the MCO to reconcile claims for dates of services from _____ to _____ by _____ provider due to a temporary gap in managed care enrollment. Provider's claims

Date emailed to MCO	Estimated Risk Group
MCO Section	
Date Received	Claim Adjudicated On: