

## PURPOSE

Use to notify the Texas Department of State Health Services (TDSHS) that the county is requesting state assistance funds for health care assistance reimbursement provided under the County Indigent Health Care Program.

## PROCEDURE

Contact TDSHS by telephone to request state assistance funds before the Commissioners Court authorizes payment of the health care claims.

Complete and submit Form 500 to the County Indigent Health Care Group in Austin to claim state assistance funds within 30 days from the request for state funds.

File a copy of the Form 500 for county records.

## DETAILED INSTRUCTIONS

1. Enter the approval number that was assigned to your request by TDSHS.
2. Enter the name of the county.
3. List the address where the county receives payments for services, including the zip code.

4. Enter the county's vendor identification number for the address in item 3.
5. Enter the amount of money for which the county is requesting reimbursement.
6. List the month and year in which the county paid the money listed in #5.
7. Enter 90 percent of the eligible program costs, i. e., 90% of the amount listed in #5.

The County Judge or his designee must sign and date the Form 500. The form and supporting documentation of expenditures may be faxed to TDSHS at [512-776-7203](tel:512-776-7203) or mailed to:

Texas Department of State Health Services  
County Indigent Health Care Group  
MC 2831  
P.O. Box 149347  
Austin, Texas 78714-9347

## FORM RETENTION

Maintain the records at least until the end of the third complete state fiscal year.