

## PART 1 PARTICIPANT INFORMATION

Member Name:
Subscriber ID:
Group ID:
Mailing Address:
Mailing City, ST, Zip: ,
Email Address:
Home/Cell Phone No.:
Office Phone No.:

## PART 2 CLIENT INFORMATION (if not listed above)

Name:
Date of Birth:
Relationship to Member:
Contact Phone No.:
<input type="checkbox"/> By checking this box I certify that the client/dependent (excepting spouse of Member) was under the age of 25 at the time when the legal matter occurred.

## PART 5 SERVICES PERFORMED (refer to TLPP Participating Attorney Fee Schedule for codes and descriptions)

First Date of Service	Final Date of Service	Code	Description	Qty/Hour(s)	Charge
<b>TOTALS</b>					

## PART 6 COURT RELATED INFORMATION

Court/Administrative/Charge Date:
First Filing Date:
Court/Agency Name:
Cause/Docket No.:

## PART 8 CLAIM SUBMISSION

Fax (512) 327-0163   Email <a href="mailto:claims@tlpp.org">claims@tlpp.org</a>  Mailing 7500 Rialto Blvd, Bldg One, Ste 120, Austin, Texas 78735  NOTICE By submitting this claim you are affirming that the legal matter has been finalized. Be advised that TLPP does not make interim payments.
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## PART 9 TLPP Office Use Only

Effective Date:	Process Date:	Received Date:	Payment:
Coverage Type:	Batch No.:	Claim Count:	Claim No.:

## PART 3 COVERAGE VERIFICATION

Contact TLPP for eligibility verification prior to providing service(s) Toll (800) 252-9346   Austin (512) 327-1372   Email <a href="mailto:eligibility@tlpp.org">eligibility@tlpp.org</a>
Date:
Authorization No.:
Notes:
<b>OBTAINING VERIFICATION IS NOT A GUARANTEE OF PAYMENT</b>

## PART 4 ATTORNEY INFORMATION

Attorney Name:
Attorney TLPP ID:
Billing Address
Billing City, ST, Zip: ,
Email Address:
Telephone No.:
Fax No.:
<input type="checkbox"/> Updated contact information provided

## PART 7 AUTHORIZING SIGNATURES

MEMBER OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any legal or other information necessary to process this claim. I also request payment of benefits either to myself or to the party who accepts TLPP.	
<b>Participating Member Signature</b>	<b>Date</b>
I certify that the service(s) listed were necessary for the legal services of the client and were personally furnished by me or my employee(s) under my personal direction. I certify that the foregoing information is true, accurate and complete. The itemized statement submitted includes hourly billing. I agree not to bill the Member and/or the Client for any covered legal services.	
<b>Participating Attorney Signature</b>	<b>Date</b>