Texas Health and Human
Services Commission

Form H3081
July 2009

QI Transaction Report

TO: **Qualified Individuals (QI)**
Voucher Research
HHSC/OES/Data Integrity Buy-In
Mail Code Y-922

FROM:

Application/Case No.	Client No.

Worker's BJN	Worker's Mail Code

☐ **New** ☐ **Update** ☐ **Correction**

CLIENT INFORMATION

Name	Social Security No.	Medicare Claim No.

Address, 1st Line

2nd Line (if needed)

City	ZIP Code	County Name	County No.

Telephone No. (include Area Code)
( )

☐ **QI-1**

Medical Effective Date	End Date

End Reason:

Transfer to another TP	Denied
New TP/BP:	**Reason Code:**

☐ **NOT ELIGIBLE FOR QI-1**

Denial Reason Code

OTHER INFORMATION *(up to 9 lines)*

Worker's Signature

Date

Worker's Telephone No. (Include Area Code and Extension)
( )