State Office of Risk Management
300 W. 15TH, AUSTIN, TEXAS 78701 / P.O. BOX 13777, AUSTIN, TEXAS 78711-3777
(512) 475-1440, FAX (512) 370-9025 / WWW.SORM.TEXAS.GOV

Explanation of Benefits (EOB) Request

Provider/Facility Name	Email Address	Phone Number	Fax Number

Representative Name	Representative Title	Relationship to Provider

Please provide all information and list each request separately below. Incomplete forms will be rejected and returned.

Patient Name	Claim Number	Date of Service	Billed Amount	Provider Tax ID

Please include your preferred method of receiving the explanation of benefits (e.g., mail, email, fax, etc.) and provide any additional information relevant to your request.

Additional Information

Please submit this form to Explanation of Review (EOR) at SORM-EOR-Request@sorm.texas.gov and allow at least 48 hours before inquiring on the status.