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

You must mail this form and your payment to:
State Office of Risk Management, P.O. Box 13777, Austin, TX 78711.
Incomplete forms, including forms without payment, will not be processed or returned.

Provider Name	Phone number	Fax number	Email address

Service Address	Billing Address (if different)

You must provide the following information for each individual EOB request.

Patient Name	Date of Injury	Claim Number	Date of Service	Billed Amount	Provider TINS #	Reason for Request

Please indicate how you would like to receive your requested EOBs ☐ Mail ☐ Email ☐ Fax

The calculated fee must be made payable to the **State Office of Risk Management**.

$5.00 Administrative Fee (includes the first 5 pages) Total: $ 5.00
Estimated number of pages over 5 @ $0.50 per additional page
*Industry average is 3 pages per EOB
Total: $ _____
Total Due: $ _____

*An invoice will be mailed to you within 30 days, if insufficient payment is enclosed for actual number of pages.

For Administrative Use Only:

☐ Balance Due Amount Received: $ _____ Balance Due: $ _____