

Refusal of Care

I: General Information

Vendor Name:	License Number:
Physical Address:	Telephone Number:

II. Customer Information

Customer Name:	TWIST ID
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III: Reason for Refusal of Care

<input type="checkbox"/> Non- Payment of Parent Share of Cost
<input type="checkbox"/> Parent Withdrawal/ No Longer Attending
<input type="checkbox"/> Other Specify Reason:

III: Children Affected

<input type="checkbox"/> All Children
<input type="checkbox"/> Specific Children: List Names:

Important Information:

- Refusal of Care forms can be submitted through the vendor portal or fax to 713-974-7983 - Attention: Accounts Payable.
- Your Accounts Payable Representative will request for care to be ended upon receipt of Refusal of Care form.
- Vendors should not accept the children after the form has been submitted. Workforce Solutions will not pay for the days the child(ren) attends after the form has been submitted.
- Workforce Solutions will not reimburse vendors for any outstanding balance.

Vendor Authorized Representative

Date

Internal Use Only:

Date Received:	Accounts Representative:
Date of FAC Issue Requesting Closure:	Issue Number: