Update to Acceptable Signatures in the CMS-1500 Paper Claim Form Instructions

Last updated on 7/17/2026

On August 1, 2026, the Texas Medicaid & Healthcare Partnership (TMHP) will update the following provider manuals to remove "SOF" from block 12 in the CMS-1500 Paper Claim Form:

- The *Texas Medicaid Provider Procedures Manual (TMPPM), Vol. 1*, in Section 6: "Claims Filing"
- The *Children with Special Healthcare Services (CSHCN) Services Program Provider Manual*, in Chapter 5: "Claims Filing, Third-Party Resources, and Reimbursement"

The signature on file or the legal signature of the client or their authorized caregiver will be accepted in block 12.

Note: In the signature, initials are only allowed for first and middle names. The last name must be spelled out.

For information about provider signatures, refer to section 6.4.2.1, "Provider Signature on Claims," of the *TMPPM* and section 5.7, "Claims Filling Instructions," of the *CSHCN Services Program Provider Manual*.

For more information, call the TMHP Contact Center at 800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 800-568-2413.

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