

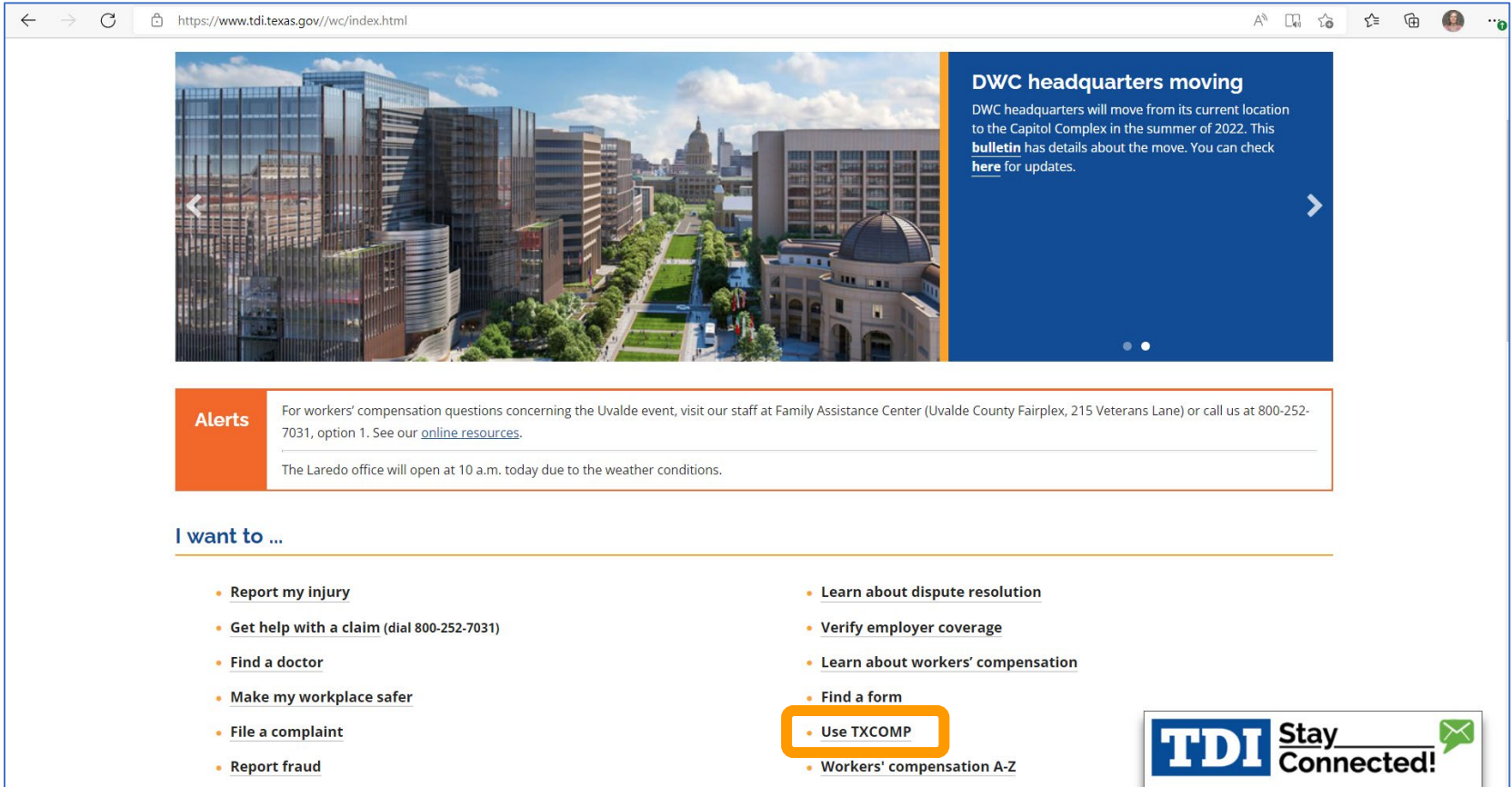
# TXCOMP

## File Documents Online

All users need a TXCOMP account to file documents online. If you do not have a TXCOMP account, you need to request access.

# Request TXCOMP Access

To create a TXCOMP account to file documents online, go to the workers' compensation home page and click "Use TXCOMP."



The screenshot shows the homepage of the Texas Department of Insurance (TDI) Workers' Compensation division. At the top, there is a navigation bar with a back arrow, forward arrow, refresh icon, and the URL <https://www.tdi.texas.gov/wc/index.html>. Below the navigation bar is a large banner image of the Texas State Capitol building. To the right of the image is a blue box with the text: "DWC headquarters moving. DWC headquarters will move from its current location to the Capitol Complex in the summer of 2022. This [bulletin](#) has details about the move. You can check [here](#) for updates." Below the banner is an "Alerts" section with an orange background. The alerts include: "For workers' compensation questions concerning the Uvalde event, visit our staff at Family Assistance Center (Uvalde County Fairplex, 215 Veterans Lane) or call us at 800-252-7031, option 1. See our [online resources](#)." and "The Laredo office will open at 10 a.m. today due to the weather conditions." Below the alerts is a section titled "I want to ..." with a list of links: "Report my injury", "Get help with a claim (dial 800-252-7031)", "Find a doctor", "Make my workplace safer", "File a complaint", "Report fraud", "Learn about dispute resolution", "Verify employer coverage", "Learn about workers' compensation", "Find a form", "Use TXCOMP" (highlighted with an orange box), and "Workers' compensation A-Z". At the bottom right of the page is a "TDI Stay Connected!" logo with a green envelope icon.

# Request TXCOMP Access

Next, click "Go to TXCOMP."

The screenshot shows the TDI Texas Department of Insurance website. The main navigation bar includes links for Insurance, State Fire Marshal, and Workers' Compensation (highlighted in orange). Below this is a secondary navigation bar with links for Home, Injured Employees, Empleados Lesionados, Employers, Health-Care Providers, and Carriers. The page title is "TXCOMP Claims and Coverage Systems". A left sidebar lists various links such as "About DWC", "Commissioner of Workers' Compensation", "Executive staff contacts", "Disciplinary orders", "Bulletins", "Rules", "Public hearings", "Open records", "Data calls", "Forms", "Memos to system participants", "Reports", "News", "Calendar", "Jobs", "Contact us", and "Topics A - Z". The main content area features a "Go to TXCOMP." button highlighted with an orange box, followed by a section titled "I want to:" with several dropdown menu options: "Report a work-related injury (Injured employees)", "Verify an employer's workers' compensation coverage", "Locate a workers' compensation insurance carrier's contact and claims administration information", "Locate a doctor or other health care practitioner", "Create a profile in TXCOMP to be included in the list of doctors and other health care practitioners", and "Create a doctor agent profile in TXCOMP to perform workers' compensation administrative duties on behalf of a doctor".

# Request TXCOMP Access

All users need to have a TXCOMP account to file documents. If you are not a doctor or their agent in the system, you must first request online access.

To request access to TXCOMP, go to the TXCOMP homepage, select the "Online Access Request" link from the main menu.



# Request TXCOMP Access

Read the form, check the box to accept the acknowledgment, and then select "Continue."

**TXCOMP**

Online Access Request

Confidential Agreement  
Personal Information Privacy Notice  
Information Collection

TEXAS DEPARTMENT OF INSURANCE  
Division of Workers' Compensation

### System Access Request Form

By my acknowledgment below, I agree to the following:

- I will devise a User ID and password when I obtain this form online.
- Computer system password(s) I devise or that I may receive are confidential.
- I will not disclose to any unauthorized person any password(s) which I devise or receive, and I will not post them where they may be viewed by unauthorized persons.
- I will change my password periodically.
- I am responsible for any computer transactions performed as a result of access authorized by use of any passwords that I devise or receive.
- I will call 1-888-4TXCOMP (1-888-446-2687) or send an e-mail to [treampub@tdi.texas.gov](mailto:treampub@tdi.texas.gov) to have my account disabled or deleted if I no longer need access to the TXCOMP system or suspect that my account has been compromised in any way.
- I will NOT use a password that I am not specifically authorized to use, nor attempt to circumvent the computer security systems in any way.
- Failure to observe these policies, procedures and restrictions may constitute a Breach of Computer Security under Texas Penal Code §35.02 and may result in any loss of access to the TXCOMP system at the Department's sole discretion.
- The Texas Department of Insurance reserves the right to disable or delete accounts due to inactivity or for other security reasons without notice.

By submitting this System Access Request Form, I agree to each paragraph above. I understand that I am responsible for any information accessed or entered into the TXCOMP computer system using my account information. I understand that the Division of Workers' Compensation will rely on the accuracy of the information I submit, and that the submission of inaccurate information may constitute a Breach of Computer Security under Texas Penal Code §35.02 and may subject me to penalty under this and other state and federal laws.

Continue >>

# Request TXCOMP Access

Enter all your information on the “Personal Information” page.

Select “Upload Document User” as your primary role. The system will display a box to enter the “User Document ID,” which is a form of personal identification such as a driver’s license. Enter all the required information for the “Personal Information” and “Primary Contact Information” pages and click “Continue.”

All required fields have a red asterisk. If you missed any required fields, the system will give you an alert message until they are completed.

After completing all personal information, select “Continue.”

**TXCOMP**

Online Access Request

Confidential Agreement  
Personal Information  
Primary Contact Information  
Confirmation

### Personal Information

Please have the following information available:

- Personal identification: social security number, driver license or identification card (US Agent Organization Administrator and Employee only)
- Business contact: address, phone, fax, and email address
- Practitioner identification: DE and license information (Doctor and Auxiliary Practitioner only)
- Agent organization must be in the system (OO Agent Organization Administrator and Employee only)
- Financial Disclosure (Doctor and Auxiliary Practitioner only)

Select **Continue** to move to the next page. A request cannot be submitted without the required items being completed. Select **Cancel** to exit this request. If you cancel the request, no information will be retained and you must restart to submit a new request.

Items marked with an asterisk (\*) are required.

Please indicate your primary role in the Texas Workers' Compensation system.  
(Choose select a role) Primary Role Definition

\* First Name  
\* Middle Name  
\* Last Name  
\* Date of Birth

Continue >> Cancel

**TXCOMP**

Online Access Request

Confidential Agreement  
Personal Information  
Primary Contact Information  
Confirmation

### Personal Information

Please have the following information available:

- Personal identification: social security number, driver license or identification card (US Agent Organization Administrator and Employee only)
- Business contact: address, phone, fax, and email address
- Practitioner identification: DE and license information (Doctor and Auxiliary Practitioner only)
- Agent organization must be in the system (OO Agent Organization Administrator and Employee only)
- Financial Disclosure (Doctor and Auxiliary Practitioner only)

Select **Continue** to move to the next page. A request cannot be submitted without the required items being completed. Select **Cancel** to exit this request. If you cancel the request, no information will be retained and you must restart to submit a new request.

Items marked with an asterisk (\*) are required.

Please indicate your primary role in the Texas Workers' Compensation system.  
(Choose select a role) Primary Role Definition

\* First Name  
\* Middle Name  
\* Last Name  
\* Date of Birth

At least one of the following:

- Social Security Number: \* Social Security Number (SSN) Numbers only. Confirm SSN: [input]
- Driver License/ID Number: \* Driver License/ID Number. Required if providing a Other License / ID Number [dropdown]
- Green Card Number: \* Green Card Number [input]
- Foreign ID: \* Foreign ID [input]
- Foreign ID Country: \* Foreign ID Country (Required if providing a Foreign ID) [dropdown]

Continue >> Cancel

# Request TXCOMP Access

The system will display the “Confirm Information” page with all of the data you’ve entered. Review the data, and if needed, use the section update link to make any changes, then “Submit.”

**TXCOMP**

**Confirm Information**

Select all of the below fields to ensure any information entered is accurate. Select the [links for Privacy and Security Policy](#) (external site) for more details on this.

Select Submit to submit your request to use TXCOMP Online Services. Select Cancel to exit this request. If you cancel the request, no information will be retrieved and you must re-enter to submit a new request.

**Personal Identification Information**

First Name	XXXX
Last Name	XXXX
Social Security Number	XXXXXX
Date of Birth	XXXX/XX/XX
Gender	XXXX

[Update/Change/Cancel](#)

**Primary Contact Information**

Email Address	XXXX@XXXX.com
Business Name	XXXX Center Dr
Address Line 1	XXXX
Address Line 2	XXXX
City	XXXX
State	XXXX
ZIP	XXXXXX
Country	XXXX
Phone Number	XXXX-XXXX-XXXX

[Update/Change/Cancel](#)

**TXCOMP User Identification Information**

Username	XXXXXX
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[Update/Change/Cancel](#)

**Confidential Information Agreement**

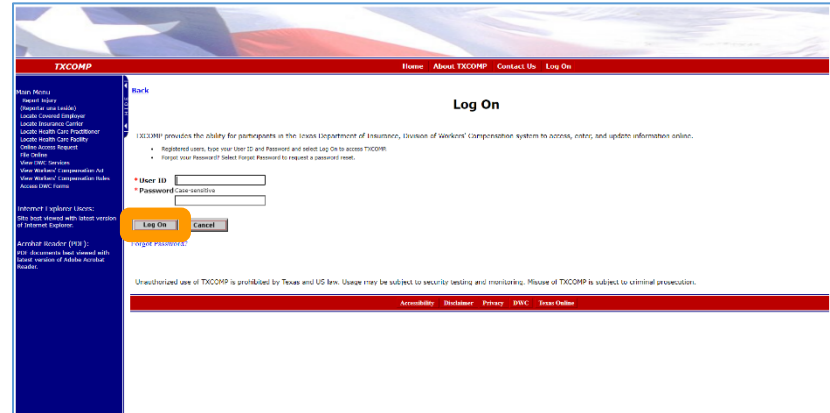
I,   agree to the terms and conditions of the Confidential Information Agreement. I understand that the Division of Workers' Compensation will not be the accuracy of the information I submit, and that the submission of inaccurate information may constitute a breach of Computer Security under Texas Penal Code §33.02 and may subject me to penalties under this and other state and federal laws.

# Log Into TXCOMP

At the Log On page enter your user ID and password and select the "Log On" button. From there you will go to the Upload Documents page.

If you forget your TXCOMP password, select the "Forgot Password" link on the login page. This will send an email with a link to reset your password. This link is only valid for one hour.

If you have questions, call us at 1-888-489-2667 or email us at [TXCOMPHelp@tdi.texas.gov](mailto:TXCOMPHelp@tdi.texas.gov).





# Upload Documents

# Upload Documents

The TXCOMP system will accept certain file formats. Documents must be either:

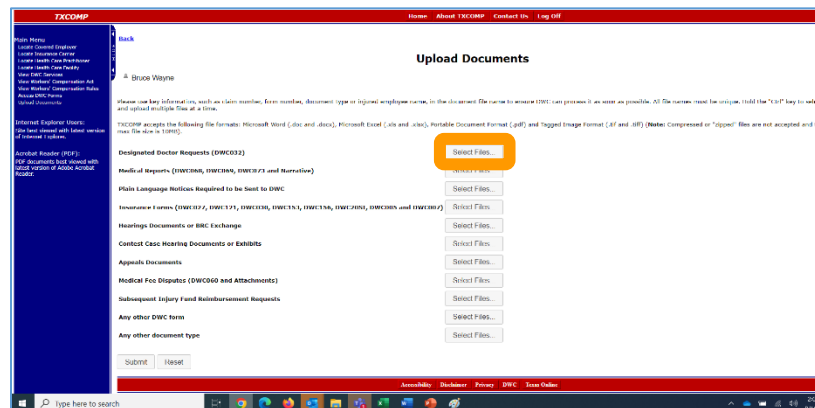
- Microsoft Word (.doc and .docx),
- Microsoft Excel (.xls and xlsx),
- Portable Document Format (.pdf), or
- Tagged Image Format (.tif and .tiff).


 Compressed or zipped files are not accepted.

 The maximum file size is 10MB.

# Upload Documents

On the Upload Documents page, choose "Select Files..." for one of the 11 document categories.

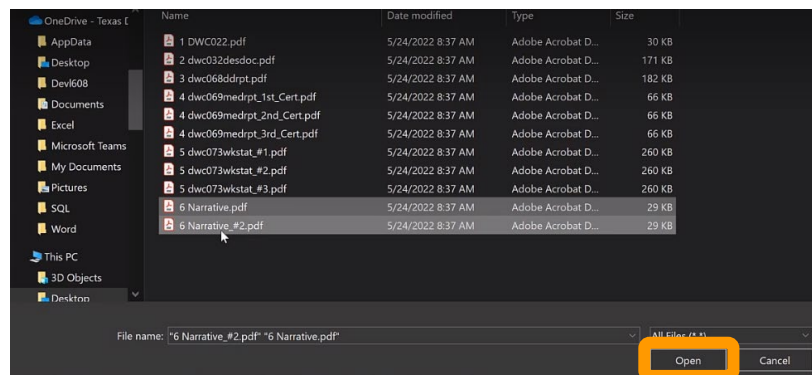


 When uploading documents from your computer, it's important to name your document with a unique file name that includes key information such as claim number, form number, document type, or injured employee name, to ensure DWC can process it as soon as possible.

Name	Date modified	Type	Size
1 DWC022.pdf	5/24/2022 8:37 AM	Adobe Acrobat D...	30 KB
2 dwc032desdoc.pdf	5/24/2022 8:37 AM	Adobe Acrobat D...	171 KB
3 dwc068ddrpt.pdf	5/24/2022 8:37 AM	Adobe Acrobat D...	182 KB
4 dwc069medrpt_1st_Cert.pdf	5/24/2022 8:37 AM	Adobe Acrobat D...	66 KB
4 dwc069medrpt_2nd_Cert.pdf	5/24/2022 8:37 AM	Adobe Acrobat D...	66 KB
4 dwc069medrpt_3rd_Cert.pdf	5/24/2022 8:37 AM	Adobe Acrobat D...	66 KB
5 dwc073wkstat_#1.pdf	5/24/2022 8:37 AM	Adobe Acrobat D...	260 KB
5 dwc073wkstat_#2.pdf	5/24/2022 8:37 AM	Adobe Acrobat D...	260 KB
5 dwc073wkstat_#3.pdf	5/24/2022 8:37 AM	Adobe Acrobat D...	260 KB
6 Narrative.pdf	5/24/2022 8:37 AM	Adobe Acrobat D...	29 KB
6 Narrative_#2.pdf	5/24/2022 8:37 AM	Adobe Acrobat D...	29 KB


# Upload Documents

You can hold the "Ctrl" key to select more than one file at a time. Use the "Open" button to upload the selected files.



# Upload Documents

The Upload Documents page will show you the number and name of the files you selected to upload.

 If you try to select a duplicate file name the system gives you an error message and removes the duplicate.

If you need to remove a file from a document category use the "Remove" link.

Please use key information, such as claim number, form number, document type or injured employee name, in the document file name to ensure DWC can process it as soon as possible. All file names must be unique. Hold the "Ctrl" key to select and upload multiple files at a time.

TXCOMP accepts the following file formats: Microsoft Word (.doc and .docx), Microsoft Excel (.xls and .xlsx), Portable Document Format (.pdf) and Tagged Image Format (.tif and .tiff) (Note: Compressed ZIP files are not supported).

<b>Designated Doctor Requests (DWC032)</b> • 2 dwe032desdoc.pdf <a href="#">Remove</a>	Select Files...	1 Files selected
<b>Medical Reports (DWC066, DWC069, DWC073 and Narrative)</b> • 6 Narrative_#2.pdf <a href="#">Remove</a> • 6 Narrative.pdf <a href="#">Remove</a>	Select Files...	2 Files selected
<b>Plain Language Notices Required to be Sent to DWC</b>	Select Files...	
<b>Insurance Forms (DWC027, DWC121, DWC030, DWC153, DWC156, DWC205, DWC005 and DWC007)</b>	Select Files...	
<b>Hearings Documents or BRC Exchange</b>	Select Files...	
<b>Contest Case Hearing Documents or Exhibits</b>	Select Files...	
<b>Appeals Documents</b>	Select Files...	
<b>Medical Fee Disputes (DWC060 and Attachments)</b>	Select Files...	
<b>Subsequent Injury Fund Reimbursement Requests</b>	Select Files...	
<b>Any other DWC form</b>	Select Files...	
<b>Any other document type</b>	Select Files...	1 Files selected

# Upload Documents

Once successfully submitted, the “TXCOMP Upload Document Acknowledgement” page appears and will display all selected files and their upload status of “Passed” or “Failed.” If a file failed to upload, that means a file did not meet technical requirements. Go back to the instructions provided and try to upload again.

To print the “Acknowledgement” page, use the “Prepare for print” button and select print.

