



Texas Department Of Insurance

Division of Workers' Compensation

7551 Metro Center Drive, Suite 100

Austin, TX 78744-1645

(800) 252-7031 • www.tdi.state.tx.us

DWC026

Submit to:

**Workers' Compensation Insurance Carrier
listed in Section IV of this form**

REQUEST FOR REIMBURSEMENT OF PAYMENT MADE BY HEALTH CARE INSURER

I. DATE AND TYPE OF REQUEST

1. Date of Request	2. Check ONLY one box to indicate the Texas Labor Code Section(s) that apply to this request: a. <input type="checkbox"/> §409.009 b. <input type="checkbox"/> §409.0091 c. <input type="checkbox"/> both §409.009 and §409.0091
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If b. or c. is checked in Box 2 above, provide the following information:

3. TDI-DWC Data Match Date (mm/dd/yyyy)	4. TDI-DWC Data Match File Name
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II. HEALTH CARE INSURER INFORMATION

5. Health Care Insurer Name	6. Federal Employer ID Number	7. Address (Street or PO Box, City State Zip)	
8. Point of Contact Name	9. Point of Contact Phone Number	10. Point of Contact Fax Number	11. Point of Contact E-mail Address

III. HEALTH CARE INSURER ASSIGNEE OR AUTHORIZED REPRESENTATIVE INFORMATION (if applicable)

12. Assignee/Authorized Representative Name	13. Federal Employer ID Number	14. Address (Street or PO Box, City State Zip)	
15. Point of Contact Name	16. Point of Contact Phone Number	17. Point of Contact Fax Number	18. Point of Contact E-mail Address

IV. WORKERS' COMPENSATION INSURANCE CARRIER INFORMATION

19. Workers Compensation Insurance Carrier Name		20. Address (Street or PO Box, City State Zip)	
21. Point of Contact Name (if known)	22. Point of Contact Phone Number	23. Point of Contact Fax Number	24. Point of Contact E-mail Address

V. WORKERS' COMPENSATION CLAIM INFORMATION

25. Patient / Injured Employee Name	26. TDI-DWC Claim Number	27. Date of Injury	28. Patient / Injured Employee SSN
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NOTE: With few exceptions, upon your request, you are entitled to be informed about information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004).

