

DECISION AND ORDER

This case is decided pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

ISSUES

A benefit contested case hearing was held on May 13, 2008, to decide the following disputed issues:

1. Whether the health care provider is entitled to reimbursement of \$1,708.00 for service dates of April 4, 11, 12, and 13, 2007 at \$427.00 per day for a work hardening program because the treatment was reasonably required health care?

PARTIES PRESENT

Petitioner/Subclaimant appeared and was represented by an (attorney). Carrier appeared and was represented by EL, (adjuster).

AGREEMENT

The parties reached an agreement. The agreement only resolves the issues to be decided at this hearing. The agreement does not resolve all issues regarding the claim and is not a settlement.

In this decision, this Agreement section constitutes the findings of facts and the Decision Section constitutes the conclusions of law.

The Hearing Officer found:

1. Carrier delivered to the health care provider a single document stating the true corporate name of Carrier, and the name and street address of Carrier's registered agent, which document was admitted into evidence as Hearing Officer's Exhibit Number 2.

The parties agreed as follows:

1. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.
2. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
3. On _____, Claimant was the employee of (employer) when he sustained a compensable injury.

4. Carrier will pay (health care provider) the total sum of \$500.00 as a full and final settlement for the services rendered to Claimant on April 4, 11, 12, and 13, 2007, for work hardening in compromise of the original bill which was \$427.00 per day or a total of \$1,708.00.

DECISION

Carrier will pay (health care provider) the total sum of \$500.00 as a full and final settlement for the services rendered to Claimant on April 4, 11, 12, and 13, 2007, for work hardening in compromise of the original bill which was \$427.00 per day or a total of \$1,708.00.

ORDER

Carrier is ordered to pay benefits in accordance with this decision, the Texas Workers' Compensation Act, and the Commissioner's Rules.

The true corporate name of the insurance carrier is **HARTFORD FIRE INSURANCE COMPANY** and the name and address of its registered agent for service of process is

**CORPORATION SERVICE COMPANY
701 BRAZOS STREET, SUITE 1050
AUSTIN, TEXAS 78701**

Signed this 13th day of May, 2008.

Charles T. Cole
Hearing Officer