

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: () HCP (X) IE () IC	Response Timely Filed? (X) Yes () No
Requestor's Name and Address Eun Su Richmond 788 E. 1900 S Clearfield UT 84015	MDR Tracking No. M5-05-2687
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Lumbermens Mutual Casualty Company, Box 42	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
7-3-04	7-3-04	Prescriptions	\$364.45	\$364.45

PART III: REQUESTOR'S POSITION SUMMARY

Neither the carrier nor the requestor provided EOB's. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). The requestor states that no payment was received.

PART IV: RESPONDENT'S POSITION SUMMARY

Respondent did not provide EOB's per rule 133.307(e)(3)(B). Respondent stated on his response "Fair and reasonable reimbursement made per rule 413.011(b) Texas Labor Code and 133.304(i) and 133.305 (i)1(G)." (This rule does not exist.) The requestor states that no payment was received.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

These services were denied by the carrier as "Fair and reasonable reimbursement made." Therefore, the file contains unresolved medical fee issues only. The Division shall proceed to resolve the medical fee dispute in accordance with Rule 133.307.

Ombudsman Assistance: An unrepresented injured worker may be assisted by a Commission Ombudsman at the State Office of Administrative Hearings. To request Ombudsman assistance please call 512.804.4176 or 1.800.372.7713 ext 4176.

Asistencia por parte del Ombudsman: Un trabajador lesionado puede obtener asistencia por parte de un Ombudsman de la Comision en un procedimiento ante la Oficina Estatal de Audiencias Administrativas (sigla SOAH). Para pedir asistencia de un Ombudsman, favor de llamar a 512.804.4176 o al 1.800.372.7713

