



MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: () Health Care Provider (X) Injured Employee () Insurance Carrier

Requestor's Name and Address:

MDR Tracking No.: M5-06-1822-01

Previous MDR Tracking No.: M4-06-1945-01

Claim No.:

Injured Employee's Name:

Respondent's Name and Address:

Texas General Indemnity Company, Box 19

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

Requestor's Position Summary states in part, "I am submitting this letter/enclosures to TWCC as I am having trouble with the insurance carrier agent in getting my medical bills paid as ordered by TWCC July 2, 1996."

Principle Documentation:

1. DWC 60 package
2. CMS 1500's
3. EOBs

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

An agent for the Respondent, Joe Garcia, stated on 9-18-06 that the Respondent never received the bills from this Injured Worker.

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	Denial Code	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
12-4-04 – 7-26-05	No EOB's	Prescription medications	1	\$00.00
Grand Total				\$00.00

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

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if they are filed with the division no later than one year after the dates of service in dispute. The following dates of service are not eligible for this review: 11-04-04.

1. The medical bills in dispute have not been properly submitted to the carrier per Rule 134.504(a)(1). An agent for the Respondent, Joe Garcia, stated on 9-18-06 that the Respondent never received the bills from this Injured Worker. The Requestor stated in a telephone call on 9-21-06 that she never submitted the bills to the Respondent.

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

Texas Labor Code 413.011(a-d), 413.031
28 Texas Administrative Code Sec. §133.307
28 Texas Administrative Code Sec. §133.308
28 Texas Administrative Code Sec. §134.1
28 Texas Administrative Code Sec. §134.504

PART VII: DIVISION DECISION AND ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the Requestor is not entitled to reimbursement.

Ordered by:

Medical Dispute Officer

10-09-06

Authorized Signature

Typed Name

Date of Order

PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.