



Texas Department of Insurance, Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL FEE DISPUTE RESOLUTION DISMISSAL

PART I: GENERAL INFORMATION

Form with fields for Requestor information, Respondent information, and tracking numbers.

PART II: DISMISSAL REASON

Amount Sought: \$19,100.00

Date(s) of Service: 09/13/02

The Division has determined that good cause exists to dismiss this request based on: Gilbert & Maxwell, P.L.L.C. confirmed that they no longer represent McCall Medical Corporation for this dispute.

PART III: DIVISION DISMISSAL

This request for medical fee dispute resolution has been dismissed based on the reason(s) listed above. Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

Table with dismissal details including name (Martha Luevano), date (10/14/08), and signature lines.

PART IV: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within 20 (twenty) days of your receipt of this decision.

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000.

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

