



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation (MS-35)
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DWC045M

Complete if known:

DWC Claim #

Carrier Claim #

Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)

Type (or print in black ink) each item on this form

I. REQUEST SPECIFICATIONS

1. Check ONLY one box to indicate the purpose of your request:
Schedule a BRC-MFD, Reschedule a BRC-MFD, Cancel a BRC-MFD
2. Check the appropriate box(es) for services you are requesting, if any:
Expedited BRC-MFD (specify reason*), Special Accommodations (specify), Telephonic BRC-MFD
*Does not include claim involving a first responder. See Section III, Box 10 regarding expedited first responder claims.

II. INJURED EMPLOYEE CLAIM INFORMATION

3. Employee's Name (Last, First, Middle)
4. Employee's Address (Street, City, State, ZIP Code)
5. Insurance Carrier's Name
6. Date of Injury (mm/dd/yyyy)
7. Employer's Business Name (at the time of the injury)
8. Employer's Business Address (Street or P.O. Box, City, State, ZIP Code)

III. PARTY REQUESTING TO SCHEDULE, RESCHEDULE, OR CANCEL A BRC-MFD

9. Check the appropriate box: Injured Employee, Insurance Carrier, Health Care Provider, Sub-claimant, Pharmacy Processing Agent
10. If Injured Employee is checked in Box 9, provide the following information:
Is the injured employee a first responder, as defined in Texas Labor Code §504.055, who sustained a serious bodily injury*? Yes No
*Bodily injury that creates a substantial risk of death or that causes death, serious permanent disfigurement, or protracted loss or impairment of the function of any bodily member or organ.
11. Is the injured employee assisted by the Office of Injured Employee Counsel (OIEC)? Yes No
12. Requester's Printed Name
13. Requester's Mailing Address (Street or PO Box, City, State, ZIP Code)
14. Business/Firm Name (if applicable)
15. Phone Number
16. Alternate Phone Number
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Request to SCHEDULE a BRC-MFD (Complete Section IV)

IV. DOCUMENTATION OF YOUR EFFORTS TO RESOLVE THE MEDICAL FEE DISPUTE

17. To document your efforts to resolve the medical fee dispute, you must attach a copy of the DWC Medical Fee Dispute Resolution decision to this request.

I certify I will provide a copy of this request to the opposing party or parties. I further certify that any pertinent information in my possession that was not previously exchanged during the Medical Fee Dispute Resolution process has been provided to the opposing party or parties.

Signature of Requester _____ Date _____

Request to RESCHEDULE or CANCEL a BRC-MFD (Complete Section V)

V. DOCUMENTATION OF GOOD CAUSE FOR RESCHEDULING OR CANCELING A BRC-MFD

18. Check ONE box below to indicate the description applicable to your request:

Reschedule or cancel PRIOR to BRC-MFD (Complete 19 and 21)
 Reschedule AFTER failing to attend BRC-MFD (Complete 20 and 21)

19. (a) Is this the first scheduled BRC-MFD on this dispute? Yes No

(b) Are you filing this request within 10 days of receipt of the notice of setting? Yes No
 * The date the notice of setting is received is deemed to be the 5th day after the date of the notice.

If the answers to both 19(a) and 19(b) are "Yes," then skip the remainder of this box and proceed to box 20.

If the answer to either 19(a) or 19(b) is "No," attach the indicated information and any supporting documentation to this form:

a) a statement that you conferred or attempted to confer with the other party or parties, including:

- a statement whether the other party or parties oppose the request;
- a date and time the parties are available for the rescheduled proceeding that has been coordinated with the division's docketing section; and
- if you were unable to confer with the other party or parties about the request, a summary of your efforts to confer; and

b) a description of objective facts beyond your control, which reasonably:

- prevent you from attending the BRC; or
- prevent the BRC from accomplishing its purpose (This may include a description of your need for a reasonable amount of additional time to secure necessary evidence for the dispute); or

c) a description of objective facts which make the BRC-MFD unnecessary.

NOTE: If this information is not provided, the BRC-MFD may not be rescheduled or canceled. Canceling a BRC-MFD without simultaneously rescheduling is considered a withdrawal of the dispute on the issue and must comply with 28 Texas Administrative Code §130.12, if applicable.

Injured Employee's Name:

DWC Claim Number:

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20. If you are requesting to reschedule after failing to attend a BRC-MFD, you must attach a description of objective facts beyond your control, which reasonably prevented you from attending the BRC-MFD and from notifying DWC to cancel or reschedule in advance of the BRC-MFD.

If you do not submit the request by close of business on the third business day after the BRC-MFD was held, you must also attach a description of objective facts beyond your control, which reasonably prevented you from doing so and which justify the subsequent delay in filing the request.

Attach any supporting documentation.

NOTE: *If this information is not provided, the BRC-MFD may not be rescheduled.*

21. I certify that I will provide a copy of this request to the opposing party or parties.

Signature of Requester _____ **Date** _____

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information DWC collects about you; get and review the information (Government Code §§552.021 and 552.023); and have DWC correct information that is incorrect (Government Code §559.004). For more information, contact agencycounsel@tdi.texas.gov or you may refer to the [Corrections Procedure](#) section at www.tdi.texas.gov.

Frequently Asked Questions

Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)

NOTE: *This form may only be used to request the scheduling, rescheduling, or cancelation of a Benefit Review Conference for the appeal of a Medical Fee Dispute decision (BRC-MFD). Do not submit this form to schedule a BRC-MFD unless you are prepared to proceed. This form should not be used to request other actions by the Texas Department of Insurance, Division of Workers' Compensation (DWC), such as a letter of clarification, a contested case hearing, or a BRC on matters other than appeal of a DWC medical fee dispute decision.*

Where will the BRC-MFD be held?

DWC will schedule the BRC-MFD at a location not more than 75 miles from the injured employee's residence at the time of the injury or the address on this form, unless good cause exists for the selection of a different location. You may request another location, but must provide an acceptable reason to relocate the proceeding. DWC will determine whether a change in location is appropriate.

What type of special accommodations will DWC provide?

DWC will provide accommodations to parties who qualify under the Americans with Disabilities Act (ADA), and other reasonable accommodations at the discretion of the benefit review officer.

Injured Employee's Name: DWC Claim Number:

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Who determines whether a BRC-MFD is expedited?

If an expedited BRC-MFD is requested in Section I, Box 2, DWC will determine whether scheduling the BRC-MFD more quickly is appropriate.

If the injured employee is the requester and “Yes” is checked in Section III, Box 10 to indicate that the injured employee is a first responder, DWC will expedite the BRC-MFD.

How do I document my efforts to confer with the opposing party before requesting to reschedule or cancel a BRC?

Attach copies of correspondence, e-mails, facsimiles, records of telephone contacts, summaries of meetings, or telephone conversations.

What is pertinent information documentation?

It is documentation that is related to the disputed issue and will be used at the BRC-MFD to help resolve the dispute. Pertinent information includes all documentation exchanged during the Medical Fee Dispute Resolution process and any additional documentation identified as relevant since the issuance of the Medical Fee Dispute Resolution decision. You are required to provide pertinent information to the opposing party before requesting a BRC-MFD. You are also required to provide pertinent information to DWC not later than 14 days before the scheduled BRC-MFD, but you should **not** attach this information to this request. You are not required to provide information to the opposing party or to DWC if that information was previously provided during the Medical Fee Dispute Resolution process.

Who determines whether to reschedule or cancel a BRC-MFD?

The determination of whether there is good cause to reschedule or cancel a BRC-MFD is made at the discretion of DWC benefit review officer on a case-by-case basis. Even if good cause exists, the benefit review officer may deny the request based on other considerations.

Where do I send the form?

You can fax or mail the completed form using the contact information listed at the top of the form. You can also fax, mail, or personally deliver the completed form to the field office handling the claim. For field office addresses and fax numbers, visit the TDI website at www.tdi.texas.gov/wc/dwccontacts.html#offices or call DWC at 1-800-252-7031. You are also required to send a copy of the form to the opposing party or parties. If an injured employee is assisted by the Office of Injured Employee Counsel (OIEC), submit the form to the injured employee and to OIEC.

Is any of the requested information optional?

No, provide all information requested in the sections of the form that apply to your request. Sections I, II, and III apply to all requests. Section IV applies to a request to schedule a BRC-MFD. Section V applies to a request to reschedule or cancel a BRC-MFD. A BRC-MFD will only be scheduled, rescheduled, or canceled if the form is complete. An incomplete form may delay resolution of your dispute.

Am I required to attend the BRC-MFD?

If you do not attend, the BRC-MFD may be held without you. Failure to attend a BRC-MFD could result in a recommendation of a penalty or fine unless you can show good cause for your absence. An injured employee should attend any proceeding related to a dispute about his or her claim, even if the injured employee did not request the proceeding.

Who do I contact if I have questions about requesting, rescheduling, or canceling a BRC-MFD?

Contact DWC by calling 1-800-252-7031. An injured employee who is not represented by an attorney may also receive assistance by contacting the OIEC at 1-866-393-6432.

What happens after DWC receives my DWC Form-045M?

If your request to schedule, reschedule, or cancel a BRC-MFD is approved, you and the opposing party or parties will be notified, including the time, date, and location of the BRC-MFD, if applicable. If you are notified your request regarding a BRC-MFD is denied, you may resubmit the request with additional information or request an expedited contested case hearing to determine if your request should be approved.