



PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

Complete if known:
DWC claim #
Insurance carrier claim #

Request to schedule, reschedule, or cancel a benefit review conference to appeal a medical fee dispute decision (BRC-MFD)

Este formulario está disponible en español en el sitio web de la División en www.tdi.texas.gov/forms/dwc/dwc045msbrc.pdf

Para obtener asistencia en español, llame a la División al 800-252-7031.

Part 1. Request specifications

1. I want to: Schedule a BRC-MFD Reschedule a BRC-MFD Cancel a BRC-MFD (check only one box)

2. I need: (check boxes)

Special accommodations (please specify)

Expedited BRC-MFD (provide reason*)

*Please state if this claim involves a first responder.

Part 2. Information about the claim

3. Employee's name (first, middle, last)	4. Employee's physical 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 PO box, city, state, ZIP code)

Part 3. Information about the party making the request

9. Who is making the request? <input type="checkbox"/> Injured employee <input type="checkbox"/> Insurance carrier <input type="checkbox"/> Health care provider <input type="checkbox"/> Subclaimant <input type="checkbox"/> Pharmacy processing agent <input type="checkbox"/> Attorney for _____		
10. Is the Office of Injured Employee Counsel (OIEC) assisting the injured employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11. Requester's name and mailing address (street or PO box, city, state, ZIP code)		
12. Business/firm name (if applicable)	13. Phone number	14. Requester's email

Employee's Name:

DWC Claim Number:



For DWC Use Only

Part 4. Request to schedule a BRC-MFD

15. If you want to request a BRC-MFD:

-  Attach a copy of the decision from DWC's Medical Fee Dispute Resolution to this request.

Part 5. Request to reschedule or cancel a BRC-MFD

16. If you want to reschedule a BRC-MFD, explain why:

( Attach any supporting documents.)

Note: If a BRC-MFD was held but you missed it, explain why you missed the BRC-MFD and why you did not contact the Texas Department of Insurance, Division of Workers' Compensation (DWC) before missing the BRC-MFD.

17. If you want to cancel a scheduled BRC-MFD, explain why:

( Attach any supporting documents.)

Note: There are strict deadlines for requesting a BRC-MFD. Requesting to cancel a BRC-MFD may be considered a withdrawal of the dispute, which can cause serious legal problems with your case.

Part 6. Communication with other parties

18. Describe what you have done to resolve the disputed issues. This may include:

- how and when you contacted the other parties about this request
- what you agreed on and what you still disagree about
- describing your efforts to contact the other parties if you were not able to reach them

If you are requesting to reschedule a BRC-MFD, you must contact the other parties and DWC docketing to get an agreed date when everyone is available. The proposed date is:

( Attach more pages and supporting documents if needed.)

Note: Your request may be denied if you do not provide the required information.

Employee's Name:

DWC Claim Number:



For DWC Use Only

19. Certify with your signature:

- I gave a copy of all important information that I have about the disputed issues to the other parties, and I made reasonable efforts to resolve the dispute. (You can learn more about important information, also called pertinent information, in the FAQ below on this form.)
- I sent a copy of this request to the other parties, including the injured employee's attorney or ombudsman (if they have one).

Signature _____ **Date** _____

Employee's Name:
DWC Claim Number:



For DWC Use Only

FAQ

Request to schedule, reschedule, or cancel a benefit review conference to appeal a medical fee dispute decision (BRC-MFD)

Where do I send this form? Send a copy of this form and attached documents to DWC and the other parties. You can fax or mail the completed form to DWC or drop the form off at a DWC field office.

- **Fax:** 512-804-4011
- **Mail:** Texas Department of Insurance, Division of Workers' Compensation
Hearings, Mail Code HRG
PO Box 12050
Austin, TX 78711-2050

What happens after DWC gets the DWC Form-045M? If DWC approves your request, you will get a letter with the date and time of the BRC-MFD. If DWC denies your request, you will get a letter that explains why. You may send the request again with corrections or updated information.

How soon will a BRC-MFD be scheduled? DWC will schedule a BRC-MFD within 40 days of getting a complete request. DWC will schedule a BRC-MFD within 20 days (expedited) if DWC determines that the BRC-MFD needs to happen sooner. If the injured employee is a first responder, DWC will expedite the BRC-MFD.

How is a BRC-MFD held? A BRC-MFD is held virtually, unless good cause is shown for an in-person BRC-MFD. **After** you get notice that a BRC-MFD is set, you may file a request with DWC if you think an in-person BRC-MFD is needed.

Will DWC provide special accommodations? DWC will provide accommodations to parties who qualify under the Americans with Disabilities Act. Other reasonable accommodations may be provided as needed.

When will a request to reschedule be approved? If you file your request to reschedule within 10 days of receiving notice of the BRC-MFD, it will be approved if there have been no other requests to reschedule by either party. For any other request to reschedule, you must explain your reason for the request.

Am I required to be in the BRC-MFD? Yes, unless you have good cause. There may be a penalty or fine if you miss a BRC-MFD.

What information do I need to share? You must share information about a dispute with the other parties before a BRC-MFD. This is called exchanging information. You should exchange only important information ([pertinent information](#)). Pertinent information includes a copy of the decision from Medical Fee Dispute Resolution and any documents, records, or statements that will help you explain your side of the disputed issues. Go to www.tdi.texas.gov/wc/idr/exchange.html to learn more about exchanging information for a BRC.

What are the deadlines for sharing information?

- Before asking for a BRC-MFD, send the other parties a copy of any important information about the dispute.
- If you get a BRC-MFD request, you have 10 days to send a copy of all your important information to the other parties.
- At least 14 days before the BRC-MFD, send DWC a copy of all your important information. At this same time, send the other parties copies of any important information you have not already sent.
- If the BRC-MFD is less than 14 days away, you should exchange new important information with DWC and the other parties as you get it.

Need help?

- Go to www.tdi.texas.gov/wc/employee/dispute.html to learn more about dispute resolution.
- If you want an attorney and need help finding one, call the **State Bar of Texas** at 1-800-252-9690.
- If you do not have an attorney and want help from an ombudsman, go to www.oiec.texas.gov or call **OIEC** at 1-866-393-6432, ext. 44186.

Questions?

Call 1-800-252-7031, Monday through Friday, 8 a.m. to 5 p.m., Central time.

Go to www.tdi.texas.gov/wc to learn more about workers' compensation.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov.