

**DECISION AND ORDER**

This case is decided pursuant to Chapter 410 of the Texas Workers' Compensation Act and Rules of the Division of Workers' Compensation adopted thereunder.

**ISSUES**

A benefit contested case hearing was opened on June 25, 2008, and closed on July 15, 2008, to decide the following disputed issues:

1. Whether the health care provider is not entitled to reimbursement of \$187.50 for services rendered to Claimant on August 18, 2004?

**PARTIES PRESENT**

Petitioner appeared and was represented by TW, attorney. (Health Care Provider) appeared and was represented by PJ, lay representative.

**AGREEMENT**

The parties reached an agreement. The agreement only resolves the issues to be decided at this hearing. The agreement does not resolve all issues regarding the claim and is not a settlement.

In this decision, this Agreement section constitutes the findings of facts and the Decision Section constitutes the conclusions of law.

The Hearing Officer found:

1. Carrier delivered to the health care provider a single document stating the true corporate name of Carrier, and the name and street address of Carrier's registered agent, which document was admitted into evidence as Hearing Officer's Exhibit Number 2.

The parties agreed as follows:

1. The Texas Department of Insurance, Division of Workers' Compensation, has jurisdiction to hear this case.
2. Venue is proper in the (City) Field Office of the Texas Department of Insurance, Division of Workers' Compensation.
3. On \_\_\_\_\_, Claimant was the employee of (self-insured) when he sustained a compensable injury.

4. (Self-insured) properly denied the medical bill from (Health Care Provider) for the date of service of August 18, 2004, because the bill was received after the 11-month billing deadline.
5. Due to the (self-insured's) receiving the bill for the date of service of August 14, 2005, for the first time on the date the MDR request was filed on August 10, 2005, the (self-insured) did not have an EOB available within the time period requested by MDR.

### **DECISION**

(Self-insured) properly denied the medical bill from (Health Care Provider) for the date of service of August 18, 2004, because the bill was received after the 11-month billing deadline. Due to the (Self-insured) receiving the bill for the date of service of August 14, 2005, for the first time on the date the MDR request was filed on August 10, 2005, the (self-insured) did not have an EOB available within the time period requested by MDR.

### **ORDER**

Carrier is not liable for the benefits at issue in this hearing. Claimant remains entitled to medical benefits for the compensable injury in accordance with §408.021.

The true corporate name of the insurance carrier is **(SELF-INSURED)** and the name and address of its registered agent for service of process is

**CITY SECRETARY  
(ADDRESS)  
(CITY), TEXAS (ZIP CODE)**

Signed this 15th day of July, 2008.

Charles T. Cole  
Hearing Officer