

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 contested case hearing was held on July 24, 2008, to decide the following disputed issues:

1. Whether the health care provider is not entitled to reimbursement of \$900.25 plus interest for service dates of February 9, 12, 19, 21, and 28, 2007, April 6, 2007?

PARTIES PRESENT

Petitioner/Carrier appeared and was represented by CK, attorney. Respondent/ Subclaimant appeared and was represented by JE, 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 (Employer) when he sustained a compensable injury.

4. The Medical Fee Dispute Resolution Findings and Decision issued on May 5, 2008, was issued for the wrong amount.
5. The preponderance of the evidence is contrary to the Medical Fee Dispute Resolution Findings and Decision issued on May 5, 2008.
6. Carrier is in compliance with all requirements for reimbursement in that Carrier has paid the health care provider in full for the service dates in dispute.

DECISION

The Medical Fee Dispute Resolution Findings and Decision issued on May 5, 2008, was issued for the wrong amount. The preponderance of the evidence is contrary to the Medical Fee Dispute Resolution Findings and Decision issued on May 5, 2008. Carrier is in compliance with all requirements for reimbursement in that Carrier has paid the health care provider in full for the service dates in dispute.

ORDER

Carrier is not liable to the health care provider for any additional reimbursement for the service dates in dispute. Claimant remains entitled to medical benefits for the compensable injury in accordance with §408.021.

The true corporate name of the insurance carrier is **ZURICH AMERICAN INSURANCE COMPANY** and the name and address of its registered agent for service of process is

**LEO F. MALO
12222 MERIT DRIVE, SUITE 700
DALLAS, TEXAS 75251**

Signed this 25th day of July, 2008.

Charles T. Cole
Hearing Officer