

**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 February 17, 2009 to decide the following disputed issue:

Is the health care provider, (Health-Care Provider), entitled to reimbursement of medical fees in the amount of \$1,118.00 for health care services rendered to Claimant on August 3, 2004 and August 4, 2004?

(The hearing record was held open for receipt of the Carrier Information form, which was submitted to the Hearing Officer via facsimile transmission on March 11, 2009).

**PARTIES PRESENT**

Petitioner/Provider appeared and was represented by Ms. CH, attorney at law. Respondent/Carrier appeared and was represented by EH, attorney at law.

**AGREEMENT**

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

In this decision, the Agreement section includes findings of fact, and the Decision section constitutes conclusions of law.

The Hearing Officer found that Respondent/Carrier delivered to Petitioner/Provider a single document stating the true corporate name of Carrier and the name and physical address of Carrier's registered agent, which document was admitted into evidence as Hearing Officer's Exhibit No. 2.

The parties agreed as follows:

Although the extent of injury issue to which the subject fees pertain remains unresolved, Carrier agrees to remit payment in the amount of \$1,118.00 to Petitioner/Provider, (Health-Care Provider), for health care services rendered on August 3, 2004 and August 4, 2004.

**DECISION**

Although the extent of injury issue to which the subject fees pertain remains unresolved, Carrier agrees to remit payment in the amount of \$1,118.00 to Petitioner/Provider, (Health-Care Provider), for health care services rendered on August 3, 2004 and August 4, 2004.

## **ORDER**

Carrier is ordered to pay benefits in accordance with this decision, the Texas Workers' Compensation Act, and the Commissioner's rules.

The true corporate name of Carrier is **CONTINENTAL CASUALTY COMPANY**; and the name and address of its registered agent for service of process is:

**CT CORPORATION SYSTEM  
350 NORTH ST. PAUL STREET  
DALLAS, TEXAS 75201**

Signed this 11th day of March 2009,

Sandra Weber Fullerton,  
Hearing Officer