



# Fast Facts

## Medical Forms

*Texas Department of Insurance, Division of Workers' Compensation*

For specific details on these medical forms, refer to the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) adopted rules or call TDI-DWC for assistance at 1-800-372-7713 extension 3. You may also download TDI-DWC forms and rules from the TDI website at [www.tdi.texas.gov/forms/form20.html](http://www.tdi.texas.gov/forms/form20.html) and [www.tdi.texas.gov/wc/rules/index.html](http://www.tdi.texas.gov/wc/rules/index.html).

## Medical Forms

| Form    | Title  | Submitted By  | Submitted To                           | When  | 28 Texas Admin. Code                       | Network (HCN)/ Non-Network (HCN)/Informal/ Voluntary Network |
|---------|--|---|--|---|--|--|
| DWC045  | Request for a Benefit Review Conference (BRC)                      | Injured employee, employer, health care provider (with sub claimant status), health care insurer or workers' compensation insurance carrier | TDI-DWC Field Office handling claim    | To request a BRC when benefits have been denied for compensability or extent                            | 140.1 - 140.3, 140.6, 140.8, 141.1 - 141.7 | All  |
| DWC045A | Request for a Medical Contested Case Hearing (CCH) or SOAH Hearing | Injured employee, workers' compensation insurance carrier, employer, sub claimant, health care provider, or health care                     | TDI-DWC Chief Clerk of Proceedings     | To request a medical CCH or SOAH hearing to resolve disputed medical issues                             | 140.1 - 140.3, 140.6, 140.8, 141.1 - 141.7 | All  |
| DWC053  | Employee's Request to Change Treating Doctor – Non-Network         | Injured employee  | TDI-DWC Field Office handling claim    | Before receiving treatment from the new treating doctor. Form requires new treating doctor's signature. | 126.9                                      | Non-network only   |
| DWC060  | Request for a Medical Fee Dispute                                  | Injured employee, health care provider, qualified pharmacy processing agent, sub claimant as described by 409.0091                          | TDI-DWC Medical Fee Dispute Resolution | No later than 1 year from date of service with exceptions as described in 133.307                       | 133.305, 133.307                           | Non-Network (HCN) & Informal/Voluntary Network               |



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| LHL009 | Request for a Review By an Independent Review Organization (IRO) (for resolution of medical necessity dispute) | Injured employee or health care provider | Workers' compensation insurance carrier  | Not later than the 45th calendar day after receipt of the denial of reconsideration. compensation insurance carrier | 133.308  | All  |
| DWC066 | Statement of Pharmacy Services   | Pharmacy                                 | Workers' compensation insurance carrier  | By the 95th day after the date of service   | 133.10, 133.20                                   | All  |
| DWC069 | Report of Medical Evaluation   | Examining doctor                         | TDI-DWC Central Office, insurance carrier, injured employee and injured employee representative, and treating doctor (TD), if the exam was given by a doctor other than the TD | By the 7th working day after the date of the certifying exam  | 102.4(b) 126.6(f), 126.7(n), 130.1, 130.2, 130.3 | All  |



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|---|--|---|---|---|---|--|
| DWC070  | Instructions for completing the ADA J515 Dental Claim Form | Dentists  | Workers' compensation insurance carrier   | By the 95th day after the date of service   | 133.10, 133.20                                | All  |
| DWC073  | Work Status Report   | Treating doctor, referral doctor, designated doctor or RME doctor                             | Workers' compensation insurance carrier, employer, injured employee and injured employee representative | By the end of the second working day following the exam (to the insurance carrier or employer) or at the time of the exam (to the injured employee) | 102.4(b), 126.6(g), 126.7(o), 129.5, 129.6(b) | All  |
| Professional Medical, Hospital, Dental and Pharmacy Billing | Standard forms prescribed by 133.10                        | Health care provider or a qualified agent for the health care provider as described by 133.20 | Workers' compensation insurance carrier   | No later than the 95th day after the date of service with exceptions as described in 133.20   | 133.10, 133.20                                | All  |

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For one-on-one assistance to the health care provider community who serve injured employees, contact Comp Connection for Health Care Providers at 1-800-372-7713. Health care providers can obtain practical information and guidance on issues commonly encountered when treating injured employees, such as treatment guidelines, billing and reimbursement, workers' compensation forms, licensing and certification requirements, and monitoring, compliance and enforcement.