TEXAS DEPARTMENT OF INSURANCE
DIVISION OF WORKERS' COMPENSATION
7551 Metro Center Drive, Suite 100
Austin, Texas 78744

CLAIM # _____

Carrier's Claim # _____

PAYMENT OF COMPENSATION OR NOTICE OF REFUSED/DISPUTED CLAIM

1. MARK ☒ TYPE OF BENEFIT

- ☐ Certify benefits will be paid as accrued Art. 8308-5.21
- ☐ Temporary Income Benefits
- ☐ Impairment Income Benefits
- ☐ Supplemental Income Benefits
- Lifetime Income Benefits
  - ☐ Initial Payment
  - ☐ Annual Increase
- ☐ Death Benefits
- ☐ Correction to Previous Filing

3. Employee's Name and Mailing Address

4. Social Security Number | 5. Date of Injury

6. County of Injury

7. Nature of Injury

8. Employer's Name and Mailing Address

9. Federal Tax I.D. No.

10. Name and Mailing Address of Insurance Carrier

11. Address of Insurance Carrier Claims Office

12. Insurance Carrier Representative and Phone No.

13. Professional License No.

14. Insurance Carrier's First Written Notice of Injury Received on

15. Name and Title of Person Notifying Insurance Carrier

2. Date of this Notice:

COMPLETE APPROPRIATE SECTION BELOW

INITIAL PAYMENT A-1

16. Date of Lost Time Began

17. Date of Payment

18. Amount of Payment
$

19. For No. of Weeks | 20. Rate of Comp. $

21. From | 22. To

TERMINATION A-2

25. Reason for Termination

26. Date of Last Payment | 27. Rate Paid $

28. Intermittent Periods of Lost Time From Work

REDUCTION/RESUMPTION A-3

34. Date of Resumed or Reduced

35. Date of Payment

36. Amount of Payment
$

37. No. of Weeks

38. From | 39. To

23. Remarks
*If fatal injury name & Address of Beneficiary (ies) being paid and relationship to deceased.

24. Payment mailed or delivered to:

COMPENSATION PAID

29. From | 30. To

31. Weeks | 32. Days

33. Total Amount

Indemnity	$
Medical	$
Impairment Income Benefits	
Lump Sum	$

40. Payment Resumed or Reduced

- ☐ Temporary Income Benefits
- ☐ Impairment Income Benefits
- ☐ Supplemental Income Benefits

	41. Average Weekly Wage	42. Hourly Wage
Prior to Injury	$	$
Following Injury	$	$

Notice of Refused Or Disputed Claim

PAYMENT REFUSED OR DISPUTED FOR THE FOLLOWING REASON(S): (ART. 8308-5.21 (B), (C))

43.

MEDICAL PAYMENT DISPUTES (Art. 8308-4.68(d)): If an Insurance Carrier disputes the amount of payment for medical services or the entitlement to payment for medical services or the entitlement to payment for medical services, the carrier must report its position on DWC FORM-62 REPORT OF MEDICAL PAYMENT DISPUTE.

A COPY OF THIS FORM WAS MAILED TO ☐ CLAIMANT ☐ CLAIMANT'S REPRESENTATIVE _____ (date)

Division Date Stamp Here

DIVISION OF WORKERS COMPENSATION

Interim DWC FORM-21
(Payment of Compensation
or Notice of Refused/Disputed Claim)

Not later than the 7th day after the date on which the insurance carrier receives written notice of an injury, the carrier shall: (1) begin payment of benefits, or (2) notify the DWC and the injured employee, in writing, of its refusal to pay, and of the employee's right to request a benefit review conference, and (3) how to obtain additional information from DWC.

Interim DWC FORM-21 should be used to accomplish these requirements. An insurance carrier who fails to either begin compensation or file Interim DWC FORM-21, within this 7-day period, may receive a Class B Administrative Violation. Initiation of compensation does not prevent the carrier from investigating and subsequently denying the claim during the 60-day period following receipt of written notice of the injury. The carrier must specify the reason for refusal of compensation.

Interim DWC FORM-21 should also be used by the carrier to indicate the intent to begin benefits when compensable time begins to accrue, or medical payments are due (Art. 8308-4.22 and 8308-4.68).

This form should be used by the carrier when transitioning from payment of one type of benefits to another. A carrier should attach a payment summary for frequent adjustments when filling in block 40.

The Interim DWC FORM-21 is a 3-part form and is considered filed when personally delivered or postmarked. Send DWC's copy to the **field office handling the claim**.

[Art. 8308-4.22, Accrual of Rights to Income Benefits; Art.8308-4.23, Temporary Income Benefits; Art.8308-4.26, Impairment Income Benefits; Art.8308-4.28, Supplemental Income Benefits; Art. 8308-4.31, Lifetime Income Benefits; Art. 8308-4.41, Death Benefits; Art. 8308-4.68, Payment of Health Care Provider; Art. 8308-5.21, Initiation of Compensation Insurance; Carrier's Refusal; Rule 124.1, Written Notice of Injury Defined; 1224.2, Notice of Initiation of Compensation; 124.4, Notice of Reduction or Termination of Compensation; 124.6, Notice of Refused or Disputed Claim]