



TDI-DWC Fast Facts

Medical Forms



For specific details on these and other forms, refer to the TDI-DWC adopted rules or call TDI-DWC for assistance at 1-800-252-7031 or 512-305-7238. You may also download TDI-DWC forms and rules from the TDI-DWC website at <http://www.tdi.state.tx.us/wc/indexwc.html> or call at (512) 804-4240.

Form	Title	Submitted by	Submitted to	When	Division Rule(s)	Network / Non-Network
DWC045	Request for a Benefit Review Conference (BRC)	Injured worker, employer, insurance carrier, or health care provider (with subclaimant status)	DWC Field Office	To request a BRC	130.5(f), 140.1-140.3, 141.1	Both
DWC049	Request for Prospective Review of Medical Care Not Requiring Preauthorization	Health care provider, injured worker, or injured worker's representative	DWC Field Office or the Division, and insurance carrier	On or after 10-1-04	134.650	Non-Network Only
DWC053	Injured Worker's Request To Change Treating Doctors	Injured worker	DWC Field Office	BEFORE seeing the new treating doctor	126.9	Non-Network Only
DWC060	Medical Dispute Resolution Request/Response	Injured worker, health care provider, or insurance carrier	DWC Medical Dispute Resolution and respondent	Within one year of date(s) of service	133.305, 133.307, 133.308	Non-Network Only
DWC062	Explanation of Benefits (EOB)	Insurance carrier	Health care provider (and injured worker under certain conditions, see Rule 133.240)	Not later than the 45 th day after the carrier receives a complete medical bill unless carrier elects to audit	133.240	Both
DWC066	Statement for Pharmacy Services (Until 12/31/2006)	Pharmacy	Insurance carrier	By the 95 th day after the date of service	133.10, 133.20	Pharmacy services are excluded from Networks
DWC069	Report of Medical Evaluation	Examining doctor	DWC Field Office, insurance carrier, injured worker and representative, and treating doctor (TD), if the exam was given by a doctor other than the TD	By the 7 th working day after the date of the certifying exam	130.1, 130.3	Both
DWC070	Instructions for completing the ADA J515 Form	Dentists	Insurance carrier	By the 95 th day after the date of service	133.10, 133.20	Both
DWC073	Work Status Report	Treating doctor or referral doctor	Insurance carrier, employer, and injured worker	By the end of the 2 nd working day (to carrier or employer) or at the time of the examination (to injured worker)	129.5 126.6 (f) 129.6 (b)	Both