

Texas Department of Insurance, Division of Workers' Compensation

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION	
Type of Requestor: () Health Care Provider (x) Injured Employee	() Insurance Carrier
Requestor's Name and Address: Maria Chavez	MDR Tracking No.: M4-05-5891-01
10033 Keystone Dr. El Paso, TX 79924	Claim No.:
	Injured Employee's Name:
Respondent's Name and Address: Fidelity & Guaranty Insurance	Date of Injury:
C/o Flahive, Ogden & Latson Box 19	Employer's Name: HMY Roomstore, Inc.
	Insurance Carrier's No.: A16460088800010164

PART II: REQUESTOR'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Requestor did not submit a position summary. The Requestor responded to the request for additional information with a letter dated May 13, 2005 which states in part, "Enclose is copy of letter I received 97-April-'05. This letter to me tells about the procedure of resolution disputes. I have yet to hear from your office, the respondent, or anyone. I have telephoned the number on letter and given tracking number and all I get is 'it is still active'. My husband and I are very frustrated because we do or we try to do the right thing that is asked of us. Every one ignores their obligations. Your local office seem to know nothing or at the least tell us it is out of their hands once the district court got involved. Since this is their response, I think my next move is go straight to the Attorney General's office. Also I believe our lawyer over charged when they collected money from your office and still told us we had to pay out-of-pocket..."

Principle Documentation: 1. TWCC-60

- 2. Payment Records
- 3. Various letters injured worker has written
- 4. Final Judgment from District Court

PART III: RESPONDENT'S PRINCIPLE DOCUMENTATION AND POSITION SUMMARY

The Respondent did not submit a response or position summary.

Principle Documentation: None submitted

PART IV: SUMMARY OF DISPUTE AND FINDINGS

Date(s) of Service	CPT Code(s) or Description	Part V Reference	Additional Amount Due (if any)
04/13/04	Out-of-Pocket Expenses	1	\$30.00
04/19/04	Out-of-Pocket Expenses	1	\$30.00

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The request for disputed resolution, received by the Division of Worker's Compensation on March 29, 2005, contained dates of service that according to Rule 133.307(d)(1) were outside the one-year filing deadline. Dates of service that cannot be reviewed are 12/20/02 through 03/15/04. Furthermore, review of all submitted documentation reveals that there is no documentation for date of service 4/10/03; therefore, these dates of service will not be considered in this decision.

EOBs were not submitted, by the Respondent, therefore the only issue in dispute is payment for out-of-pocket expenses, incurred by the injured worker, according to §133.307.

Per \$133.307(f)(1-3) the requestor has submitted pertinent documentation to support reimbursement; therefore, reimbursement in the amount of \$60.00 is recommended.

28 Texas Administrative Code Sec. 133	3.307(f)(1-3)			
PART VII: DIVISION DECISION AND OR	DER			
Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code, Sec. 413.031, the Division has determined that the requestor is entitled to additional reimbursement in the amount of \$60.00. The Division hereby ORDERS the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 30-days of receipt of this Order.				
Ordered by:				
	Marguerite Foster	September 15, 2005		
Authorized Signature	Typed Name	Date of Order		
PART VIII: YOUR RIGHT TO REQUEST JUDICIAL REVIEW				

PART VI: GENERAL PAYMENT POLICIES/REFERENCES IMPACTING DECISION

The Division is not considered a party to the appeal.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

Appeals of medical dispute resolution decisions and orders are procedurally made directly to a district court in Travis County [see Texas Labor Code, Sec. 413.031(k), as amended and effective Sept. 1, 2005]. An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.