

This Amended Findings and Decision supersedes all previous Decisions rendered in this Medical Payment Dispute involving the above Requestor and Respondent. The Medical Review Division's Decision of 03-18-05 was appealed and subsequently withdrawn by the Medical Review Division applicable to a Notice of Withdrawal of 04-15-05. An Order was rendered in favor of the Requestor. The Requestor appealed the Order to an Administrative Hearing as the Requestor did not agree with the disposition of this dispute which resulted in the withdrawal of the Findings and Decision of M4-04-B119-01.

Considering the reimbursement amount calculated in accordance with the provisions of Rule 134.401(c) compared with the amount previously paid by the insurance carrier, we find that no additional reimbursement is due for these services.

PART VI: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is **not** entitled to additional reimbursement.

Findings and Decision:

Debra L. Hewitt

05-20-05

Authorized Signature

Typed Name

Date of Decision

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Amended Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this amended decision (28 Texas Administrative Code § 148.3). This Amended Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Amended Decision is deemed received by you five days after it was mailed and the first working day after the date the Amended Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Amended Decision should be attached to the request.

The party appealing the Division's Amended Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

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

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Amended Findings and Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____