



# Employee's Guide To Workers' Compensation

BISD HR/Payroll Department  
1426B S. Houston St.  
Bullard, Tx 75757

Phone: 903-894-6639  
Fax: 903-894-9291

# Worker's Compensation Instructions

## **What to do when you are injured on the job:**

1. Report any injury to your supervisor
2. Fill out a 1st Report of Injury with the School Nurse or supervisor on duty.
3. Choose a health care provider.
  - You must choose a treating doctor from the Alliance list of doctors designated as treating doctors.
  - You must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go to any licensed medical professional within the United States.
  - Even though my treating doctor should refer me to a specialist of providers contracted with the Alliance, I understand that I need to verify that the referral doctor is a member of the Alliance provider panel.
  - The Texas Association of School Boards Risk Management Fund will pay the treating doctor and other Alliance providers for all health care related to my compensable injury.
  - I understand that my medical and/or income benefits may be disputed if I receive health care from a provider other than an Alliance provider without prior approval from the Fund.
  - Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
  - If I want to change doctors after my first choice, I can do so within the first 60 days of starting treatment, and I can only choose from the Alliance list of providers. A third choice requires approval from my adjuster.

The following information will help you recover from your injury, resume your normal work activities, and return to work as soon as possible.

### **BE SURE TO:**

- Go to all your medical appointments.
- Follow your doctor's directions carefully.
- Talk to your doctor to see if you can continue to work, even if you have some restrictions.
- Share a copy of your job description to help your doctor understand your specific work demands.
- Talk to your doctor to make sure you completely understand what you can and cannot do while you are recovering.
- Comply with the medical restrictions set by your doctor at home and at work.

### **YOU & YOUR EMPLOYER:**

- Make sure you have received and reviewed your "Injured Worker rights and Responsibilities"

- Follow all employer policies and requirements associated with your workers' compensation injury.
- Be sure to keep your employer and claims adjuster informed and up-to-date on your recovery and current abilities.
- Talk to your employer about work that you could continue to do during your recovery.
- Notify your employer and claims adjuster immediately if your work status changes.

**GETTING BACK TO WORK:**

- Communicate with your employer so that you can return to productive work as soon as medically possible.
- Contact your adjuster when your work status changes to ensure that appropriate benefit payments are made.
- Help your employer determine what additional work you could take on as your condition improves.
- If work within your restrictions is not immediately available, keep checking back with your employer. As you continue to recover, the situation may change.
- Be sure to let your employer know about any concerns or problems you might have related to your health and job assignments.

By continuing to work during your recover, healing will likely progress more quickly and effectively than if you perform no work at all for an extended period of time. You will also have a much more productive mindset that can in fact help speed your recovery.

Please share this information with your doctor:

Please submit all claim and medical billing information to:

**TASB**

P.O. Box 2983

Clinton, IA 52733-2983

Phone: 800.732.0153

Fax: 732.212.7009

**eBill Information**

Clearinghouse: WorkComp EDI

Clearinghouse website: [www.workcompedi.com](http://www.workcompedi.com)

TASB's Payer ID: WR902

**Pre-Authorization**

Phone: 800.482.7276, x9907

Fax: 888.777.8272



**POLITICAL SUBDIVISION  
WORKERS' COMPENSATION  
ALLIANCE**

Provider Listing - 9/22/2023

Primary Care Providers

Within 30 miles of 75757

21 Providers Located

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QuickVisit Urgent Care TX, PLLC , QuickVisit Urgent Care  
Urgent Care Clinic

1602 S. Jackson St.  
Jacksonville, TX 75766  
Phone: (430) 205-4150  
Fax: (430) 205-1854

12.1 miles

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Randall Rodgers DO, CareFirst Medical Associates  
Family Practice

13027 State Hwy. 155 S.  
Tyler, TX 75703  
Phone: (903) 839-1000  
Fax: (903) 630-8048

12.7 miles Additional Languages: Spanish

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Concentra Medical Center , Concentra Medical Center  
Occupational Medicine, PRIMARY CARE CLINIC, Urgent Care

4025 S. Broadway Ave.  
Tyler, TX 75701  
Phone: (903) 561-2690  
Fax: (903) 561-2681

14 miles

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Jared Crook NP, East Texas Spine Institute  
Nurse Practitioner

3110 Park Center Dr.  
Tyler, TX 75701  
Phone: (903) 593-9999  
Fax: (903) 526-2679

14.4 miles

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Ritesh Prasad MD, East Texas Spine Institute  
Physical Medicine & Rehabilitation

3110 Park Center Dr.  
Tyler, TX 75701  
Phone: (903) 593-9999  
Fax: (903) 526-2679

14.4 miles Additional Languages: Spanish

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Li-Yu Mitchell MD, Li-Yu Huang Mitchell, MD, PA  
Wound Care

833 S. Beckham Ave.  
Tyler, TX 75701  
Phone: (903) 848-9462  
Fax: (903) 848-9513

16.4 miles Additional Languages: Chinese, Mandarin

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Nova Medical Centers , Nova Medical Center - Tyler  
Occupational Medicine

747 S. Beckham Ave.  
Tyler, TX 75701  
Phone: (903) 705-4232  
Fax: (903) 705-4233

16.5 miles

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Carl Rowlett MD, The University of Texas Health Science Center at Tyler  
Occupational Medicine

11937 US Hwy. 271  
Tyler, TX 75708  
Phone: (903) 877-7930  
Fax: (903) 877-7361

23.5 miles

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Cynthia Ball DO, The University of Texas Health Science Center at Tyler  
Occupational Medicine

11937 US Hwy. 271  
Tyler, TX 75708  
Phone: (903) 877-7930  
Fax: (903) 877-7361

23.5 miles

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**Dalia Nessim MD, The University of Texas Health Science Center at Tyler  
Occupational Medicine**

11937 US Hwy. 271  
Tyler, TX 75708  
Phone: (903) 877-7930  
Fax: (903) 877-7361

23.5 miles

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**Paul Rountree MD, The University of Texas Health Science Center at Tyler  
Occupational Medicine**

11937 US Hwy. 271  
Tyler, TX 75708  
Phone: (903) 877-7930  
Fax: (903) 877-7361

23.5 miles

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**Shaadi Khademi MD, The University of Texas Health Science Center at Tyler  
Occupational Medicine**

11937 US Hwy. 271  
Tyler, TX 75708  
Phone: (903) 877-7930  
Fax: (903) 877-7361

23.5 miles

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**David McIntyre NP, Cline Family Medicine  
Nurse Practitioner**

1400 Dickinson Dr.  
Rusk, TX 75785  
Phone: (903) 683-0500  
Fax: (430) 300-1140

25.4 miles

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**Jessica Ocker FNP, Cline Family Medicine  
Family Nurse Practitioner**

1400 Dickinson Dr.  
Rusk, TX 75785  
Phone: (903) 683-0500  
Fax: (430) 300-1140

25.4 miles

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Cassie Thacker NP, Integrity Urgent Care  
Nurse Practitioner

1115 E. Tyler St.  
Athens, TX 75751  
Phone: (903) 292-5015  
Fax: (903) 292-5021

29.1 miles

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Holly Kleypas NP, Integrity Urgent Care  
Nurse Practitioner

1115 E. Tyler St.  
Athens, TX 75751  
Phone: (903) 292-5015  
Fax: (903) 292-5021

29.1 miles

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Jaime Caceres NP, Integrity Urgent Care  
Nurse Practitioner, Family

1115 E. Tyler St.  
Athens, TX 75751  
Phone: (903) 292-5015  
Fax: (903) 292-5021

29.1 miles

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Jennifer Williams APN, Integrity Urgent Care  
Registered Nurse

1115 E. Tyler St.  
Athens, TX 75751  
Phone: (903) 292-5015  
Fax: (903) 292-5021

29.1 miles

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Latoria Davis NP, Integrity Urgent Care  
Nurse Practitioner

1115 E. Tyler St.  
Athens, TX 75751  
Phone: (903) 292-5015  
Fax: (903) 292-5021

29.1 miles



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**Paul Stewart NP, Integrity Urgent Care  
Nurse Practitioner**

1115 E. Tyler St.  
Athens, TX 75751  
Phone: (903) 292-5015  
Fax: (903) 292-5021

29.1 miles

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**William Sanders NP, Integrity Urgent Care  
Nurse Practitioner**

1115 E. Tyler St.  
Athens, TX 75751  
Phone: (903) 292-5015  
Fax: (903) 292-5021

29.1 miles



## MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

### Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.




Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit [tmesys.com](http://tmesys.com).

### Questions? Need Help?



**1-866-599-5426**



**WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM**

<b>TASB Risk Mgmt. Fund</b>	<b>Bullard ISD</b>
<small>CARRIER/TPA</small>	<small>EMPLOYER</small>
<hr/>	
<small>INJURED WORKER NAME</small>	
<hr/>	
<small>Please provide directly to Pharmacist</small>	
<small>SOCIAL SECURITY NUMBER</small>	<small>DATE OF INJURY (YYMMDD)</small>
<hr/>	
<small>Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: <a href="http://tmesys.com">tmesys.com</a>.</small>	

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP, Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy Help Desk**  
**1-800-964-2531**

	<u>NDC</u>		<u>Envoy</u>
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	<u>TASBFF</u>		

**NOTE:** This First Fill card is only valid for your workers' compensation injury or illness.



### Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.



PO Box 152539  
Tampa, FL 33684-2539



## HACEMOS MÁS SENCILLO...

### EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o su asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

#### Empleado lesionado:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica bajo costo o sin costo alguno.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.



La mayoría de farmacias y todas las grandes cadenas de farmacias forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite [tmesys.com](http://tmesys.com).

¿Tiene alguna pregunta?

¿Necesita ayuda?



**1-866-599-5426**

<b>WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM</b>	
TASB Risk Mgmt. Fund	Bullard ISD
PORTADORA	EMPLEADOR
NOMBRE DEL TRABAJADOR LESIONADO	
Por favor provea directamente al farmacéutico	
NUMERO DE SEGURO SOCIAL	FECHA DE ALA LESION (AA/MM/DD)
Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite <a href="http://tmesys.com">tmesys.com</a> .	

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy Help Desk**  
**1-800-964-2531**

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261		002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	<u>TASBF</u>		

**NOTA:** Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.



#### Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida, Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia, Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

**tmesys**®

IMP14-1813-37

# Employee Acknowledgement of the Alliance Direct Contracting Program

I have received information that tells me how to get health care under my employer's workers' compensation coverage. If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the Alliance list of doctors designated as treating doctors.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go to any licensed medical professional within the United States.
3. Even though my treating doctor should refer me to a specialist of providers contracted with the Alliance, I understand that I need to verify that the referral doctor is a member of the Alliance provider panel.
4. The Texas Association of School Boards Risk Management Fund will pay the treating doctor and other Alliance providers for all health care related to my compensable injury.
5. I understand that my medical and/or income benefits may be disputed if I receive health care from a provider other than an Alliance provider without prior approval from the Fund.
6. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
7. If I want to change doctors after my first choice, I can do so within the first 60 days of starting treatment, and I can only choose from the Alliance list of providers. A third choice requires approval from my adjuster.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

I live at: \_\_\_\_\_

Street Address

City, State, Zip Code

Name of Employer: \_\_\_\_\_

Name of Direct Contracting Program: Political Subdivision Workers' Compensation Alliance (the Alliance)

Direct contracting service areas are subject to change. To locate a treating doctor within your area, visit the PSWCA web site at [pswca.org](http://pswca.org) or call your adjuster at 800.482.7276.

## To be completed by the employer only

Please indicate whether this is the:

Initial Employee Notification

Injury Notification (Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_)

**Do not return this form to the TASB Risk Management Fund unless requested.**



# Reconocimiento Del Empleado Para El Programa De Contratar Directamente Con Medicos

He recibido la informacion que explica como obtener tratamientos medicos si me lastimo en el trabajo. Si estoy lastimado en el trabajo y vivo en un área de servicio descrita en esta información, entiendo que:

1. Tengo que escoger un doctor de la lista de la Alliance (PSWCA), que son señalados para tratar.
2. Debo ir a este doctor para todo el tratamiento médico para mi lesión. Si necesito un especialista, el doctor que me trata me referirá. Si necesito tratamientos de emergencia, yo entiendo que puedo ir a cualquier profesional médico licenciado dentro de los Estados Unidos.
3. Si el doctor me refiere a un especialista, yo entiendo que necesito verificar que el doctor sea un miembro de la Alliance.
4. TASB le pagara al doctor escogido y a doctores tambien que son partidos de PSWCA.
5. Puedo ser responsable de la cuenta si recibo tratamiento medico de doctores que no son miembros de la Alliance y sin la aprobacion anterior de TASB.
6. Reportando un reclamo de lastimadura falsa o fraudulenta es un crimen que puede resultar en multas y o al encarcelamiento.
7. Si deseo cambiar doctores despues de mi primera opción, puedo hacerlo dentro 60 dias de comensar mi tratamieto. Puedo solamente escoger de la lista de doctores que estan en el Alliance. La tercer opción necesita probacion de mi ajustador antes de cabiar doctor.

\_\_\_\_\_  
Firma (Signature)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Fecha (Date)

\_\_\_\_\_  
Nombre en imprenta (Printed Name)

\_\_\_\_\_  
Direccion de domicilio incluyendo ciudad, estado y zip (Address)

Nombre de empleo (Name of Employer): \_\_\_\_\_

Nombre del programa de contratar doctores directament (Name of Direct Contracting Program):  
Political Subdivision Workers' Compensation Alliance (the Alliance)

El servicio de contratar doctores directamente en las areas de servicio, son subjetivos a cambiar. Para localizar un doctor de tratamiento en su area, visite al Internet en: [www.pswca.org](http://www.pswca.org) o llame a su ajustador al numero: 800.482.7276.

## **To be completed by the employer only**

Please indicate whether this is the:

- Initial Employee Notification  
 Injury Notification (Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_)

**Do not return this form to the TASB Risk Management Fund unless requested.**



### Worker Compensation Waiting Period

ATTACHED IS AN ELECTION FORM FOR UTILIZATION OF SICK LEAVE. COMPLETE THE FORM AND RETURN TO THE ADDRESS BELOW.

Workers' Compensation has a 7 day waiting period for income benefits when an employee is off work due to a workers' compensation claim.

The employee will use sick days for the 1<sup>st</sup> seven days if their Doctor takes the employee off work. If the employee is absent for 14 days, workers compensation will come back and pay the 1<sup>st</sup> seven days.

Workers Compensation will pay 70% (75% if employee makes less than \$8.50 a hour) for the first 26 weeks.

Election 1-Employee can choose to designate the number of available paid leave days to use at this time.

Election 2-Employee may use all available paid leave days.

Election 3-Employee may choose to NOT use any available paid leave at this time.

When an employee is on restricted duty, it is the employees responsibility to check with their supervisor for available restricted duties.

Please return the attached form within 7 days. If the form has not been returned in 7 days, Bullard ISD will use accumulated sick leave to bring the employee's salary to 100%.

Please return attached form to: [Stephanie.Yates@bullardisd.net](mailto:Stephanie.Yates@bullardisd.net) or

Bullard ISD  
Stephanie Yates  
PO Box 250  
Bullard, Tx 75757

FAX: 903-894-9291

## **Seven Day Waiting Period**

**If the injured employee is unable to return to work, indemnity benefits will begin effective the 8<sup>th</sup> day of disability. The first seven (7) days of lost time are considered a waiting period. The first seven (7) days of lost time are not paid unless the injured employee loses at least 14 days. (Example: Day 1-7 =no check. Day 8-14= 1 check. Day 15—21= 1 check. Day 22-28 = 2 checks are issued, 1 check for days 22-28 and 1 check for days 1-7).**

**\*\*Division of Workers' Compensation counts Saturdays and Sundays in as a week\*\***

**If the injured employee is able to return to work without losing 7 or more days from work (including Saturday and Sunday, even if the employee would not normally work on these days), then this claim will remain a Medical Only claim type and only medical benefits are paid.**

**At some point during their treatment, all injured employees should be given an impairment rating, even if it is a 0% or No Impairment. Numerical impairment ratings are given as a percentage. Impairment Income Benefits are paid based on the Impairment percentage. The injured employee is entitled to three (3) weeks of benefits for each percentage point. (Example: An Impairment rating of 10% = 30 weeks of benefits.)**



**BULLARD ISD**  
**ELECT LEAVE BENEFITS WITH WORKERS' COMPENSATION**

Name \_\_\_\_\_ Employee number \_\_\_\_\_

Position \_\_\_\_\_ Department/Campus \_\_\_\_\_

This employee is absent from duty because of a job-related illness or injury beginning on (date of first absence attributable to illness or injury). If eligible, workers' compensation insurance may begin paying a percentage of the employee's current wages on the eighth day of absence from duty if an extended absence is required.

\_\_\_\_\_  
District authorized signature

\_\_\_\_\_  
Date

**Employee choice:**

I am absent from duty because of a job-related illness or injury. I understand that I am not eligible for workers' compensation weekly income benefits until my absence exceeds seven calendar days. I also understand that \_\_\_\_\_ [employer name] will continue to pay its contribution toward the cost of my group health insurance coverage (if applicable) as long as I am on paid leave and/or family and medical leave (FMLA). I further understand that I will be responsible for paying all health insurance premiums if I am on unpaid leave that is not FMLA leave. I choose the following option:

- I choose to use only \_\_\_\_\_ days of available paid leave at this time.
- I choose to use all available paid leave. I understand that I will not receive workers' compensation weekly income benefits until I have exhausted all of my paid leave or to the extent that paid leave does not equal my pre-illness or -injury wage.
- I choose **not** to use any available paid leave at this time. I understand that I will not receive any regular salary payments from \_\_\_\_\_ [employer name] while receiving weekly income benefits under workers' compensation. No available paid leave will be deducted from my leave balance. I further understand that by selecting this option, I will receive only workers' compensation wage benefits for any absences resulting from my work-related illness or injury, unless and until I communicate to the district a change in my decision.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

**For Claims Reporting Purposes Only:**

*For all employees:*

Amount of leave paid to employee: \$ \_\_\_\_\_

Daily rate: \$ \_\_\_\_\_

Period of payment: from \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_  
for \_\_\_\_\_ days or \_\_\_\_\_ weeks

*For hourly employees only:*

Hourly rate: \$ \_\_\_\_\_

Number of hours paid: \_\_\_\_\_







## OFFICE OF INJURED EMPLOYEE COUNSEL

NORMAN DARWIN, PUBLIC COUNSEL

### **NOTICE OF INJURED EMPLOYEE RIGHTS AND RESPONSIBILITIES IN THE TEXAS WORKERS' COMPENSATION SYSTEM**

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel. This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the state agency that administers the system through the Division of Workers' Compensation.

- ✓ You can contact the Office of Injured Employee Counsel by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Also, more information is available on the Internet at: [www.oiec.state.tx.us](http://www.oiec.state.tx.us)
- ✓ You can contact the Division of Workers' Compensation by calling the toll-free telephone number 1-800-252-7031. More information about the Division of Workers' Compensation is available on the Internet at: <http://www.tdi.state.tx.us/wc/indexwc.html>

### **YOUR RIGHTS IN THE TEXAS WORKERS' COMPENSATION SYSTEM**

1. You may have the right to receive benefits. You may receive benefits regardless of who was at fault for your injury with certain exceptions, such as:
  - ✓ You were intoxicated at the time of the injury.
  - ✓ You injured yourself on purpose or while trying to injure someone else.
  - ✓ You were injured by another person for personal reasons.
  - ✓ You were injured by an act of God.
  - ✓ Your injury occurred during horseplay.
  - ✓ Your injury occurred while voluntarily participating in an off-duty recreational, social, or athletic activity.
2. You have the right to receive medical care to treat your workplace injury or illness. There is no time limit to receive this medical care as long as it is medically necessary and related to the workplace injury.
3. Choosing a treating doctor:
  - ✓ If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list.
  - ✓ If you are not in a network, you may choose any doctor who is willing to treat your workers' compensation injury.
  - ✓ If you are employed by a political subdivision (e.g. city, county, school district), you must follow its rules for choosing a treating doctor.
  - ✓ It is important to follow all the rules in the workers' compensation system. If you don't follow these rules, you may be held responsible for payment of medical bills.
4. You have the right to hire an attorney at any time to help you with your claim.
5. You have the right to receive information and assistance from the Office of Injured Employee Counsel at no cost.
  - ✓ Staff is available to answer your questions and explain your rights and responsibilities by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432) or visiting any Division of Workers' Compensation/Office of Injured Employee Counsel local field office.

6. **You have the right to receive ombudsman assistance if you do not have an attorney and a dispute resolution proceeding about your claim has been scheduled.** An ombudsman is an employee of the Office of Injured Employee Counsel. Ombudsmen are trained in the field of workers' compensation and provide free assistance to injured employees who are not represented by attorneys. At least one Ombudsman is located in each local field office to assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot sign documents for you, make decisions for you, or give legal advice.
7. **You have the right for your claim information to be kept confidential.** In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from the Division of Workers' Compensation.

### **YOUR RESPONSIBILITIES IN THE TEXAS WORKERS' COMPENSATION SYSTEM**

1. **You have the responsibility to tell your employer if you have been injured at work or in the scope of your employment.** You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.
2. **You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).** If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. Your employer must give you a copy of the TDI network rules. Read the rules carefully. If there is something you do not understand, ask your employer or call the Office of Injured Employee Counsel. If you would like to file a complaint about a network, call TDI's Customer Help Line at **1-800-252-3439** or file a complaint online at <http://www.tdi.state.tx.us/consumer/complfrm.html#wc>
3. **If you worked for a political subdivision (e.g. city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.** Your employer should be able to provide you with the information you will need in order to determine which health care provider can treat you for your workplace injury.
4. **You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.**
5. **You have the responsibility to send a completed claim form (DWC-41) to the Division of Workers' Compensation.** You have one year to send the form after you were injured or first knew that your illness might be work related. Send the completed DWC-41 form even if you already are receiving benefits. You may lose your right to benefits if you do not send the completed claim form to the Division of Workers' Compensation. Call **1-800-252-7031** or **1-866-393-6432** for a copy of the DWC-41 form.
6. **You have the responsibility to provide your current address, telephone number, and employer information to the Division of Workers' Compensation and the insurance carrier.**
7. **You have the responsibility to tell the Division of Workers' Compensation and the insurance carrier any time there is a change in your employment status or wages. Examples include:**
  - ✓ You stop working because of your injury.
  - ✓ You start working.
  - ✓ You are offered a job.

**Aviso sobre los derechos y responsabilidades para los empleados lesionados  
en el Sistema de Compensación para Trabajadores de Texas**

En Texas, como empleado lesionado, usted tiene derecho a recibir ayuda gratis por parte de la Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel - OIEC, según su nombre y siglas en inglés). La ayuda se ofrece en las oficinas locales en todo el estado. Las oficinas locales también ofrecen otros servicios del sistema de compensación para trabajadores del Departamento de Seguros de Texas (Texas Department of Insurance – TDI, según su nombre y siglas en inglés). TDI es la agencia estatal que administra el sistema por medio de la División de Compensación para Trabajadores.

Para comunicarse con la Oficina de Asesoría Pública para el Empleado Lesionado llame gratis al 1-866-EZE-OIEC (1-866-393-6432). Para más información, visite el sitio electrónico [www.oiec.state.tx.us](http://www.oiec.state.tx.us).

Para comunicarse con la División de Compensación para Trabajadores llame gratis al 1-800-252-7031. Para más información sobre la División de Compensación para Trabajadores, visite el sitio electrónico <http://www.tdi.state.tx.us/wc/indexwc.html>.

**Sus derechos en el Sistema de Compensación para Trabajadores de Texas:**

**1. Usted puede tener derecho a recibir beneficios.**

Usted puede tener derecho a recibir beneficios sin importar quien tuvo la culpa de su lesión, con ciertas excepciones, tales como:

- Si se encontraba en estado de ebriedad en el momento que ocurrió la lesión.
- Si se lesionó usted mismo a propósito o cuando estaba tratando de lesionar a otro.
- Si su lesión fue causada por otra persona por razones personales.
- Si resultó lesionado por un acto de Dios.
- Si su lesión ocurrió por estar jugueteando, o
- Si su lesión ocurrió cuando usted voluntariamente participaba en una actividad de recreación, social o atlética fuera de su empleo.

**2. Usted tiene derecho a recibir atención médica para tratar la lesión o enfermedad relacionada con su trabajo. No hay un marco de tiempo límite para recibir la atención médica, siempre y cuando sea médicamente necesaria y en conexión a la lesión relacionada con su trabajo.**

**3. Para escoger a un médico tratante:**

- Si usted pertenece a una Red de Servicios Médicos de Compensación para Trabajadores – red - (Workers' Compensation Health Care Network, según su nombre en inglés) tiene que escoger a su médico de la lista de médicos tratantes en la red.
- Si no pertenece a una red, usted puede escoger a cualquier médico que esté dispuesto a tratar su lesión de compensación para trabajadores.
- Si usted es empleado de una subdivisión política (por ejemplo: una ciudad, condado, distrito escolar) tiene que hacer lo indicado por los reglamentos para escoger al médico que lo va a tratar. Es importante que usted siga todos los reglamentos del sistema de compensación para trabajadores. Si no sigue estos reglamentos, usted podría ser responsable por el pago de las cuentas médicas.

**4. Usted tiene derecho a contratar a un abogado en cualquier momento para que lo ayude con su reclamo.**

- 5. Usted tiene derecho a recibir información y ayuda gratis de la Oficina de Asesoría Pública para el Empleado Lesionado.**

El personal de OIEC está a su disposición para contestar sus preguntas y explicarle sus derechos y responsabilidades. Llame gratis al 1-866-EZE-OIEC (1-866-393-6432) o visite la oficina local de la División de Compensación para Trabajadores/Oficina de Asesoría Pública para el Empleado Lesionado.

- 6. Usted tiene derecho a recibir ayuda por parte de un ombudsman si no cuenta con un abogado, en caso que se haya programado un procedimiento de resolución de disputas.**

Un ombudsman es un empleado de la Oficina de Asesoría Pública para el Empleado Lesionado. Los ombudsmen están entrenados en las funciones de compensación para trabajadores y proveen ayuda gratis a los empleados lesionados que no cuentan con la representación de un abogado. Por lo menos, en cada oficina local se encuentra un ombudsman para ayudarlo con la conferencia para revisión de beneficios (benefit review conference – BRC, según su nombre y siglas en inglés), la audiencia para disputar beneficios (contested case hearing – CCH, según su nombre y siglas en inglés) y la apelación. Sin embargo, un ombudsman no puede firmar documentos en nombre suyo, hacer decisiones por usted o darle asesoramiento legal.

- 7. Usted tiene derecho a que la información sobre su reclamo se mantenga confidencial.**

En la mayoría de los casos, el contenido del expediente de su reclamo no puede ser obtenido por otros. Algunos participantes del caso tienen derecho a saber lo que contiene el expediente de su reclamo, por ejemplo: su empleador o la compañía de seguros de su empleador. También, puede ser que un empleador que está considerando contratarlo pueda obtener información limitada sobre su reclamo de la División de Compensación para Trabajadores.

#### **Sus responsabilidades en el Sistema de Compensación para Trabajadores de Texas**

- 1. Usted tiene la responsabilidad de avisarle a su empleador si se ha lesionado en el curso y amplitud de su empleo.**

Usted debe informar a su empleador dentro de 30 días a partir de la fecha en que sucedió su lesión o a partir de la fecha en que supo que la lesión o enfermedad estaba relacionada con su trabajo.

- 2. Usted tiene la responsabilidad de saber si pertenece a una Red de Servicios Médicos de Compensación para Trabajadores (red).**

Si no sabe si usted pertenece a una red, pregúntele al empleador para quien estaba trabajando en el momento que sufrió la lesión. Si pertenece a una red, usted tiene la responsabilidad de seguir los reglamentos de dicha red. Su empleador debe darle una copia de los reglamentos de TDI para las redes. Lea los reglamentos cuidadosamente. Si hay algo que no entiende pregúntele a su empleador o llame a la Oficina de Asesoría Pública para el Empleado Lesionado. Si desea presentar una queja contra la red, llame a la Línea de Ayuda al Consumidor de TDI, al 1-800-252-3439 o presente su queja electrónicamente en <http://www.tdi.state.tx.us/consumer/complfrm.html#wc>

- 3. Si usted estaba trabajando para una subdivisión política (por ejemplo: una ciudad, condado, distrito escolar) en el momento que sufrió la lesión, usted tiene la responsabilidad de informarse sobre como recibir tratamiento médico. Es requerido que su empleador le proporcione la información que necesita para que determine cual proveedor de servicios médicos puede darle el tratamiento para la lesión relacionada con su trabajo.**

4. **Usted tiene la responsabilidad de decirle a su médico como sufrió la lesión y si la lesión está relacionada con su trabajo.**
5. **Usted tiene la responsabilidad de llenar y enviar el formulario de reclamo (DWC-41) a la División de Compensación para Trabajadores. Usted cuenta con un año para enviar este formulario a partir de la fecha en que usted se lesionó o a partir de la fecha en supo que su enfermedad estaba relacionada con su trabajo.**

Llene y envíe el formulario DWC-41 aún si usted ya está recibiendo beneficios. Usted podría perder su derecho para recibir beneficios si no envía el formulario a la División de Compensación para Trabajadores. Para pedir una copia del formulario DWC-41 llame al 1-800-252-7031 o al 1-866-393-6432.

6. **Usted tiene la responsabilidad de proporcionar a la División de Compensación para Trabajadores y a la compañía de seguros su domicilio actual, número telefónico y los datos de su empleador.**
7. **Usted tiene la responsabilidad de avisarle a la División de Compensación para Trabajadores y a la compañía de seguros cada vez que tenga un cambio en el estado de su empleo o salario. Algunos ejemplos:**
  - si deja de trabajar debido a su lesión,
  - comienza a trabajar, o
  - le ofrecen un trabajo.

