



Workers' Compensation Employee Reporting Procedures

Pearland ISD is committed to the safety, health, and well-being of all our employees. To ensure proper care and treatment is provided, employees sustaining a worksite injury or illness must promptly notify their immediate supervisor, administrative assistant, campus clinic, or Human Resource Services, when the injury occurs.

In the event of a medical emergency, call "911" immediately. If the injury occurs after HRS office hours, the employee or employer representative may call TASB Risk Management Fund at 1-800-482-7276 to report the injury and obtain a claim number.

IF NOT SEEKING MEDICAL TREATMENT – REPORTING INJURY ONLY:

1. Submit required forms within 24 hours to benefits@pearlandisd.org or fax to 281-412-1540
 - a. "Employers First Report of Injury or Illness" form
 - b. "Employee Acknowledgement of Alliance Direct Contracting Program" form
2. Review the Injured Worker Rights and Responsibilities made available on the district website

IS SEEKING MEDICAL TREATMENT:

1. Submit required forms within 24 hours to benefits@pearlandisd.org or fax to 281-412-1540
 - a. "Employers First Report of Injury or Illness" form
 - b. "Employee Acknowledgement of Alliance Direct Contracting Program" form
 - c. "Use of Leave Authorization" form
 - d. "Workers' Compensation Wage Benefits" form
2. Review the Injured Worker Rights and Responsibilities made available on the district website
3. Access the TASB approved network healthcare providers: <https://www.pswca.org/find-a-provider.html>
4. Submit medical documentation to HRS following each appointment with healthcare provider
5. Prior to reporting to work, you will need to receive a Pearland ISD HRS "Return to Work Notice"

Human Resource Services Contact Information:

Benefits Specialist, Carrie Banuelos, 832-736-6120 or ext. 66906, BanuelosC@pearlandisd.org

Senior Benefits Clerk, Claribel Perez, 281-485-3202, PerezC@pearlandisd.org

Send the specified copies to your
Workers' Compensation Insurance Carrier
and the injured employee.

*Employers - Do not send this form to the
Texas Department of Insurance, Division of Workers' Compensation,
Unless the Division specifically requests a direct filling.

CLAIM # _____

CARRIER'S CLAIM # _____

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.)		2. Sex F <input type="checkbox"/> M <input type="checkbox"/>	
3. Social Security Number - -	4. Home Phone ()	5. Date of Birth (m-d-y) - -	
6. Does the Employee Speak English? If No, Specify Language YES <input type="checkbox"/> NO <input type="checkbox"/>			
7. Race White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>		8. Ethnicity Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/>	
9. Mailing Address Street or P.O. Box			
City	State	Zip Code	County
10. Marital Status Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>			
11. Number of Dependent Children		12. Spouse's Name	
13. Doctor's Name			
14. Doctor's Mailing Address (Street or P.O.Box)			
City	State	Zip Code	

15. Date of Injury (m-d-y) - -	16. Time of Injury : am <input type="checkbox"/> pm <input type="checkbox"/>	17. Date Lost Time Began (m-d-y) - -	
18. Nature of Injury*		19. Part of Body Injured or Exposed*	
20. How and Why Injury/Illness Occurred*			
21. Was employee doing his regular job? YES <input type="checkbox"/> NO <input type="checkbox"/>		22. Worksite Location of Injury (stairs, dock, etc.)*	
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site			
Street or P.O. Box		County	
City	State	Zip Code	
24. Cause of Injury(fall, tool, machine, etc.)*			
25. List Witnesses			
26. Return to work date/or expected (m-d-y) - -	27. Did employee die? YES <input type="checkbox"/> NO <input type="checkbox"/>	28. Supervisor's Name	29. Date Reported (m-d-y) - -

30. Date of Hire (m-d-y) - -	31. Was employee hired or recruited in Texas? YES <input type="checkbox"/> NO <input type="checkbox"/>	32. Length of Service in Current Position Months _____ Years _____	33. Length of Service in Occupation Months _____ Years _____
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34. Employee Payroll Classification Code	35. Occupation of Injured Worker
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36. Rate of Pay at this Job \$ _____ Hourly \$ _____ Weekly	37. Full Work Week is: _____ Hours _____ Days	38. Last Paycheck was: \$ _____ for _____ Hours or _____ Days	39. Is employee an Owner, Partner, or Corporate Officer? YES <input type="checkbox"/> NO <input type="checkbox"/>
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40. Name and Title of Person Completing Form Carrie Banelos, Benefits Specialist		41. Name of Business Pearland ISD	
42. Business Mailing Address and Telephone Number Street or P.O. Box 1928 North Main Street City State Zip Code Pearland TX 77581		43. Business Location (If different from mailing address) Number and Street City State Zip Code	

44. Federal Tax Identification Number 1-74-6691854-6	45. Primary North American Industry Classification System Code:(6 digit) 82114	46. Specific NAICS Code (6 digit)	47. Texas Comptroller Taxpayer No.
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48. Workers' Compensation Insurance Company TASB Risk Management Fund	49. Policy Number
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50. Did you request accident prevention services in past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, did you receive them? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING) X _____ Date _____
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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 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.



TASB Risk Management Fund

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PEARLAND INDEPENDENT SCHOOL DISTRICT

Workers' Compensation Wage Benefits

DWC Rule 129.2 Entitlement to Temporary Income Benefits: Effective December 26, 1999 DWC Rule 129.2 eliminates "double dipping." An employee of a district, ESC, or public community college cannot receive payment for a full days pay in addition to WC wage benefits (TIBS).

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 (7) calendar days. I choose the following option:

- I choose to use all available paid leave. I also understand that I will not receive workers' compensation temporary weekly income benefits (TIBS) until I have exhausted all my paid leave.
- I choose **not** to use any available paid leave at this time. I understand that I will not receive any regular salary from Pearland Independent School District 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 income benefits for any absences resulting from my work related illness or injury.

If you are absent from duty because of a work related injury or illness for more than fourteen (14) days, workers' compensation income benefits (TIBS) will be paid for your first seven (7) days of absence unless you have used any of your available paid leave for any portion of the first seven days.

THIS FORM MUST BE RETURNED TO THE BENEFITS DEPARTMENT NO LATER THAN SEVEN (7) CALENDAR DAYS FROM THE DATE OF INJURY. IF FORM IS NOT RETURNED THE DISTRICT WILL USE ANY AVAILABLE LEAVE. THIS ACTION IS IRREVOCABLE

Workers' Compensation Benefits are paid as a percentage, 70% - 75% of your average weekly wage.

Employee Name _____ Social Security Number _____
(Please Print)

Employee Signature _____ Department/Campus _____

Date Signed _____ Date Received _____

MUST BE RETURNED TO EMPLOYEES BENEFITS OFFICE



PEARLAND INDEPENDENT SCHOOL DISTRICT USE of LEAVE AUTHORIZATION

Employee Name _____ Employee Identification Number _____
(Please Print)

Job Assignment (Campus/Dept) _____

Employee Signature _____ Date Signed _____

Check Appropriate Box Indicating Type of Leave Requested:

- Family/Medical/Military Leave Worker's Compensation (Date of Injury: _____)
- Temporary Disability Leave Military Leave Available Leave

Select the order in which earned leave will be taken during your absence. You may also decide on the number of days per category to be charged to your leave balances.

Failure to designate the order will result in your leave being charged as follows:

- 1) State Sick Leave;
- 2) State Personal Leave;
- 3) Local Leave.
- 4) Vacation/Non-Duty Days.

Please circle the order you would like to use your leave and if you so choose, fill in the number of days per category.

[1] [2] [3] [4] I choose to use _____ days of State Sick leave.

[1] [2] [3] [4] I choose to use _____ days of State Personal leave.

[1] [2] [3] [4] I choose to use _____ days of Local leave.

[1] [2] [3] [4] I choose to use _____ days of Vacation/Non-duty days.

**FAILURE TO RETURN THIS FORM WILL RESULT IN LEAVE CHARGED AS STATED ABOVE.
YOUR SELECTIONS ARE FINAL.**

FORM MUST BE RETURNED TO HUMAN RESOURCE SERVICES



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 (OIEC). 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 and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: www.oiec.texas.gov. You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: www.tdi.texas.gov.

Your Rights in the Texas Workers' Compensation System:

1. You have the right to hire an attorney to help you with your workers' compensation claim.

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at www.oiec.texas.gov.

2. You have the right to receive assistance from OIEC if you do not have an attorney.

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.

Information about the exceptions can be found at www.tdi.texas.gov or by visiting with OIEC staff.

4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

5. You may have the right to receive income benefits for your work-related injury.

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at www.tdi.texas.gov or by visiting with OIEC staff.

6. You may have the right to dispute resolution regarding income and medical benefits.

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

7. You have the right to choose 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. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however, changing your treating doctor must be pre-approved by the DWC if you are not in a network. 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 do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

8. You have the right for your workers' compensation 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 DWC.

Your Responsibilities in the Texas Workers' Compensation System

1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. 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. If there is something you do not understand, ask your employer or call OIEC. 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.texas.gov/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 providers 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 Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.

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 DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.

7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages. (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.

9. You are prohibited from making frivolous or fraudulent claims or demands.

Employer Rights and Responsibilities

Information for Employers from the Division of Workers' Compensation

Workers' Compensation Insurance Coverage

Workers' compensation insurance coverage provides covered employees with income and medical benefits if they sustain a work-related injury or illness. Except as otherwise provided by law; Texas private employers can choose whether or not to provide workers' compensation insurance coverage for their employees. Except in cases of gross negligence or an intentional act or omission of the employer, workers' compensation insurance limits an employer's liability if an employee brings suit against the employer for damages. Certain building or construction employers who contract with governmental entities are required to provide workers' compensation coverage for each employee working on the public project. Some clients may also require their contractors to have workers' compensation insurance.

Providing Workers' Compensation Insurance

If employers choose to provide workers' compensation, they must do so in one of the following ways:

- purchase a workers' compensation insurance policy from an insurance company licensed by the Texas Department of Insurance (TDI) to sell the coverage in Texas;
- be certified by the Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) to self-insure workers' compensation claims; or
- join a self-insurance group that has received a certificate of approval from the TDI.

Note: Political subdivisions may self-insure, buy coverage from insurance companies, or enter into inter-local agreements with other political subdivisions that self-insure.

EMPLOYER RIGHTS

Covered employers have the following rights:

- the right to contest the compensability of a workers' compensation claim if the insurance carrier accepts liability for payment of benefits;
- the right to be notified of a proposal to settle a claim or of any administrative or judicial proceeding related to resolution of a claim (after making a written request to the insurance carrier);
- the right to attend dispute resolution proceedings related to an employee's claim and present relevant evidence about the disputed issues;

- the right to report suspected fraud to the TDI-DWC or to the insurance carrier;
- the right to contest the failure of the insurance carrier to provide required accident prevention services; and
- the right to receive return-to-work coordination services as necessary to facilitate an employee's return to employment.

To dispute a workers' compensation claim, an employer may file the DWC Form-004, and the DWC Form-045, *Request to Schedule, Reschedule or Cancel a Benefit Review Conference (BRC)*, which may be obtained from the TDI website at <http://www.tdi.texas.gov/forms/form20employer.html> or by calling 1-800-252-7031.

Non-Reimbursable Employer Payments

An employer is not entitled to and cannot seek reimbursement from the employee or insurance carrier if after a work-related injury or illness they voluntarily:

- continue to pay the injured employee's salary continuation; or
- pay the injured employee salary supplementation to supplement income benefits paid by the insurance carrier.

Employer Voluntary Payments of Benefits

An employer may voluntarily pay income or medical benefits to an employee during a period in which the insurance carrier has:

- contested compensability of the injury;
- contested liability for the injury; or
- has not completed its initial investigation of the injury. *Note:* an employer is only allowed to pay benefits in this situation for the first two weeks after the injury.

For reimbursement, the employer is required to timely report the injury to the insurance carrier and to let the insurance carrier know, within 7 days of beginning

For further assistance, call

1-800-252-7031 or visit

<http://www.tdi.texas.gov/wc/employer/index.html>

voluntary payments, that voluntary payments are being made. The insurance carrier is only required to reimburse the employer for the amount of benefits the insurance carrier would have paid. If the employer made payments in excess of what the insurance carrier would have paid, the excess amount is not reimbursable, unless there is a written agreement between the injured employee and the employer that the excess amount can be recouped from future impairment income benefits paid by the insurance carrier, if any. The employer must file the DWC Form-002, *Employer's Report for Reimbursement of Voluntary Payment*. The DWC Form-002 may be obtained from the TDI website at <http://www.tdi.texas.gov/forms/form20employer.html> or by calling 1-800-252-7031.

EMPLOYER RESPONSIBILITIES

Reporting Workers' Compensation Insurance Coverage to Employees

Employers must tell their employees that they carry workers' compensation insurance by providing a written notice of coverage to new employees upon hire. The written notice must inform employees of their right to reject workers' compensation coverage and retain their common law right of action. This notice must be in the wording and format prescribed by TDI-DWC's *New Employee Notice*.

Employers must also post a written notice at their place of business telling their employees that they carry workers' compensation insurance. This notice must be in the wording and format prescribed by TDI-DWC's Notice 6, *Notice to Employees Concerning Workers' Compensation in Texas*. The notice must be in English, Spanish, and any other language that is common to the employees and must be posted at conspicuous locations at the employers' place of business.

A written notice must be provided again to each employee and the Notice 6 must be updated when changes in coverage status (obtained, terminated, or canceled) occur. The TDI-DWC's *New Employee Notice* and Notice 6 may be obtained from the TDI website at <http://www.tdi.texas.gov/forms/form20employer.html> or by calling 1-800-252-7031.

Reporting Injuries and Illnesses

Employers are required to report to its insurance carrier, within 8 days, any:

- work-related injury resulting in the employee's absence from work for more than one day;

- occupational disease of which the employer has knowledge; and
- work-related fatality.

Employers should report these injuries and illnesses using the DWC Form-001, *Employer's First Report of Injury or Illness*. An employer must keep a record of all work-related injuries, illnesses and fatalities for at least 5 years after the date the record was created, or for the period of time required by the Occupational Safety and Health Administration (OSHA), whichever is longer.

The employer must also provide a copy of the completed DWC Form-001 to the injured employee, along with a copy of the *Notice of the Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System*. The DWC Form-001 may be obtained from the TDI website at <http://www.tdi.texas.gov/forms/form20employer.html>. The employee's notice of rights and responsibilities may be obtained from the TDI website at <http://www.oiec.texas.gov/resources/ierightsresp.html>. Both forms may also be obtained by calling 1-800-252-7031.

Employer's Wage Statement & Supplemental Report of Injury

An employer must report an injured employee's wages and other fringe benefits (i.e. health premiums, uniform allowance, etc.) to the insurance carrier. The employer is required to send the DWC Form-003, *Employer's Wage Statement*, to the insurance carrier and the injured employee within 30 days of the earliest of: the date the employer is notified that the employee is entitled to income benefits; or the date of employee's death as a result of a compensable injury.

An employer must also report any changes in an injured employee's pay or employment status to the insurance carrier. The employer must send the DWC Form-006, *Supplemental Report of Injury*, to the insurance carrier and the injured employee within:

- 10 days from the end of a pay period in which an employee's pay changes;
- 10 days from the date an employee resigns or is terminated;
- 3 days from the date the employee begins to lose time from work as a result of the injury;
- 3 days from the date an employee returns to work; and
- 3 days from the date an injury causes an employee to miss additional work after returning to work.

Safe Workplace

Employers must take all actions reasonably necessary to ensure a safe workplace and take all steps reasonably necessary to protect the life, health and safety of the employees.

Compliance

Employers that fail to comply with workers' compensation requirements commit an administrative violation and may be subject to administrative penalties. The information provided in this fact sheet and workers' compensation requirements are pursuant to: Texas Labor Code §§406.002, 406.005, 406.007, 406.033, 406.034, 406.096, 408.003, 408.001, 409.011, 409.005, 409.006, 411.032, 411.103 and 413.021; and 28 Texas Administrative Code §§110.101, 120.1, 120.2, 120.3, 120.4, 126.13, 129.7 and 160.3.

If you have any questions regarding reporting requirements or compliance with the law, contact TDI-DWC at 1-800-252-7031. For more information on workers' compensation for employers, visit the TDI website at <http://www.tdi.texas.gov/wc/employer/index.html>.

Employee Notice of Alliance Requirements

Important Contact Information

To locate a provider, go to www.pswca.org.

To contact your adjuster at the TASB Risk Management Fund, visit www.tasbrmf.org or call 800.482.7276.

Information, Instructions, Rights, and Obligations

If you are injured at work, tell your supervisor or employer immediately. The information in this notice will help you to seek medical treatment for your injury. Your employer will also help with any questions about how to get treatment. You may also contact your adjuster at the TASB Risk Management Fund (the Fund) for any questions about treatment for a work related injury. The Fund is your employer's workers' compensation coverage provider and they are working with your employer to ensure you receive timely and appropriate health care. The goal is to return you to work as soon as it is safe to do so.

How do I choose a treating doctor?

If you are hurt at work **and** you live in the Alliance service area, you are required to choose a treating doctor from the provider list. This is required for you to receive coverage of healthcare costs for your work related injury. A provider listing is available through the Alliance website at www.pswca.org and a link to that site is also contained on the Fund's website at www.tasbrmf.org. It identifies providers who are taking new patients.

If your treating doctor leaves the Alliance, we will tell you in writing. You will have the right to choose another treating doctor from the list of Alliance doctors. If your doctor leaves the Alliance and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request that you treat with him or her for an extra **90 days**.

What if I live outside the service area?

If you believe you live outside of the service area, you may request a service area review by calling your adjuster.

How do I change treating doctors?

Within the first 60 days of beginning treatment, if you become dissatisfied with your first choice of a treating doctor, you can select an alternate treating doctor from the list of Alliance treating doctors in your service area. The Fund will not deny a choice of an alternate treating doctor. **However, before you can change treating doctors a second time, you must obtain permission from your adjuster.**

How are treating doctor referrals handled?

Referrals for health care services that you or your doctor request will be made available on a timely basis as required by your medical condition. Referrals will be made **no later than 21 days** after the request. Your doctor should refer you to another Alliance provider unless it becomes medically necessary to make a referral outside of the Alliance. You do not have to get a referral if you are in need of emergency care.



Employee Notice of Alliance Requirements

Who pays for the healthcare?

Alliance providers have agreed to seek payment from the Fund for your health care. They should not request payment from you. If you obtain health care from a doctor who is not in the Alliance without prior approval from your adjuster, you may have to pay for the cost of that care and your income benefits may be disputed. You may treat with medical providers that are **not contracted** with the Alliance only if one of the following situations occurs:

- Emergencies: You should go to the nearest hospital or emergency care facility.
- You do not live within an Alliance service area.
- Your treating doctor refers you to a provider or facility outside of the Alliance. This referral must be approved by your adjuster.

How to File a Complaint

You have the right to file a complaint with the Alliance. You may do this if you are dissatisfied with any aspect of direct contract program operations. This includes a complaint about the program and/or your Alliance doctor. It may also be a general complaint about the Alliance. A complainant can notify the Alliance Grievance Coordinator of a complaint by phone, from the Alliance website www.pswca.org or in writing via mail or fax. Complaints should be forwarded to:

PSWCA (The Alliance)
Attention: Grievance Coordinator
P.O. Box 763
Austin, TX 78767-0763
866-997-7922

A complaint must be filed with the program grievance coordinator **no later than 90 days from the date the issue occurred**. Texas law does not permit the Alliance to retaliate against you if you file a complaint against the program. Nor can the Alliance retaliate if you appeal the decision of the program. The law does not permit the Alliance to retaliate against your treating doctor if he or she files a complaint against the program or appeals the decision of the program on your behalf.

What to do when you are injured on the job

If you are injured while on the job, tell your employer as soon as possible. A list of Alliance treating doctors in your service area may be available from your employer. A complete list of Alliance treating doctors is also available online at www.pswca.org. Or, you may contact us directly at the following address and/or toll-free telephone number:

TASB Risk Management Fund
P.O. Box 2010
Austin, TX 78768
800.482.7276

In case of an emergency

If you are hurt at work and it is a life threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours or while working outside your service area, you should go to the nearest care facility. After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the Alliance provider list. This list is available online at www.pswca.org. If you do not have internet



Employee Notice of Alliance Requirements

access call 800.482.7276 or contact your employer for a list. The doctor you choose will oversee the care you receive for your work related injury. Except for emergency care you must obtain all health care and specialist referrals through your treating doctor.

Emergency care does not need to be approved in advance. “Medical emergency” is defined in Texas laws. It is a medical condition that comes up suddenly with acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

Non-emergency care

Report your injury to your employer as soon as you can. Select a treating doctor from the Alliance provider list. This list is available online at www.pswca.org. If you do not have internet access, call 800.482.7276 or contact your employer for a list.

Treatments Requiring Advance Approval

Certain treatments or services prescribed by your doctor need to be approved in advance. Your doctor is required to request approval from the TASB Risk Management Fund before the specific treatment or service is provided. For example, you may need to stay more days in the hospital than what was first approved. If so, the added treatment must be approved in advance.

The following non-emergency healthcare treatment requests must be approved in advance:

- Inpatient hospital admissions
- Outpatient Surgical or ambulatory surgical services
- Spinal Surgery
- All non-exempted work hardening
- All non-exempted work conditioning
- Physical or occupational therapy except for the first twelve (12) visits if those visits were done within the first 6 months immediately following date of injury or date of surgery
- Any investigational or experimental service
- Psychological testing exceeding 3 hours with no more than four tests, such as MMPI2, BDI, BAI, P-3
- Repeat psychological testing
- Psychotherapy and cognitive/behavioral therapy greater than 6 visits, repeat psychological interviews and biofeedback
- Repeat diagnostic studies greater than \$350.
- All durable medical equipment (DME) in excess of \$500
- Chronic pain management and interdisciplinary pain rehabilitation
- Drugs not included in the TDI Division of Workers’ Compensation Formulary
- All narcotic medications dispensed greater than 60 days
- Any treatment or service that exceeds the Official Disability Guidelines

The number your doctor must call to request one of these treatments is 800.482.7276, x6654. If a treatment or service request is denied, we will tell you in writing. This written notice will have information about your right to request a reconsideration or appeal of the denied treatment. It will also tell you about your right to request review by an Independent Review Organization through the Texas Department of Insurance.

