



DWC Claim#
Carrier Claim#

Send this form to the address above or fax to 512-804-4011.

REQUEST FOR A MEDICAL CONTESTED CASE OR SOAH HEARING (DWC FORM-045A)

<p>A Medical Contested Case Hearing held by the Texas Department of Insurance, Division of Workers' Compensation will be conducted at a location no more than 75 miles from the claimant's residence at the time of the injury, unless the Division determines that good cause exists for the selection of a different location. Change of venue (location) may be requested below.</p> <p>A hearing held by the State Office of Administrative Hearings (SOAH) will be in Travis County.</p>	1. Employee's Name (Last, First M I)
	2. Social Security Number (last four digits only) XXX-XX-
	3. Date of Injury (mm/dd/yyyy)
	4. Insurance Carrier's Name
	5. Employer's Business Name

Check applicable box(es):

A medical fee dispute not exceeding \$2,000. [TDI/DWC]

A medical fee dispute which exceeds \$2,000. [State Office of Administrative Hearings]

An appeal of an independent review organization (IRO) decision regarding retrospective medical necessity for a health care service not exceeding \$3000. [TDI/DWC]

An appeal of an independent review organization (IRO) decision regarding retrospective medical necessity for a health care service which exceeds \$3000. [SOAH]

An appeal of an IRO decision regarding concurrent or prospective medical necessity for a health care service. [TDI/DWC]

A change of venue is requested because

A COPY OF THE MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION (MR-04) OR THE IRO DECISION MUST BE ATTACHED. DO NOT INCLUDE MEDICAL DOCUMENTS WITH THIS FORM.

Special accommodations are needed for Claimant (Does not speak English, has a physical, mental or developmental handicap) as follows:

Medical CCH is requested by:

Employee Carrier Employer Sub-Claimant Health Care Provider Health Care Insurer

Requestor's Signature _____

Title _____

Requestor's Typed or Printed Name _____

Phone No. _____

Requestor's Mailing Address _____

Date of Request _____

cc: Carrier or Employee/Representative



DWC FORM-045A
Request for a Medical Contested Case or SOAH Hearing

A party to a claim is entitled to file a **Request for a Medical Contested Case Hearing** (DWC FORM-045A) with the Chief Clerk of Proceedings of the Texas Department of Insurance, Division Workers' Compensation, in order to resolve disputed medical issues. The Chief Clerk of Proceedings of the Texas Department of Insurance, Division of Workers' Compensation, will schedule the conference. If the hearing is to be held by the Division of Workers' Compensation, it will be conducted at a site no more than 75 miles from the claimant's residence, at the time of the injury, unless the Division determines that good cause exists for the selection of a different location. If the hearing is to be held by the State Office of Administrative Hearings, it will be held in Travis County.

If the requestor is an Employee, a Health Care Provider, a Carrier, an Employer or a Health Care Insurer, the appropriate block should be checked; if none of these apply, then the Sub-Claimant block should be checked.

The DWC FORM-045A is considered filed when received by the Chief Clerk of Proceedings of the Texas Department of Insurance, Division of Workers' Compensation or when personally delivered to the Texas Department of Insurance, Division of Workers' Compensation. **The form should be filed with the Chief Clerk of Proceedings.** Failure to file the form with the Chief Clerk may delay processing.

To file the parties' request for a Medical Contested Case Hearing, mail or fax the request to:

Texas Department of Insurance, Division of Workers' Compensation
Chief Clerk of Proceedings
Hearings, Mail Code HRG
PO Box 12050
Austin, TX 78711-2050
or 512-804-4011 (fax number)

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html.