



## Subsequent Injury Fund Reimbursement Request Form – Pharmaceutical

### I. SUBSEQUENT INJURY FUND (SIF) REQUEST

|  |                                 |
|--|---------------------------------|
| <b>1. Reimbursement Amount Requested</b> | <b>2. Request Date</b>          |
| <b>3. Contact Name</b>                   |                                 |
| <b>4. Contact Phone Number</b>           | <b>5. Contact Email Address</b> |

### II. CLAIM INFORMATION

|   |                            |
|---|----------------------------|
| <b>6. Injured Employee's Name</b> (First, Middle, Last) |                            |
| <b>7. Employee's Date of Injury</b>                     | <b>8. DWC Claim Number</b> |

### III. PAYEE (Insurance carrier)

|   |                                     |
|---|-------------------------------------|
| <b>9. Name of Payee</b>   | <b>10. Payee Federal Tax ID No.</b> |
| <b>11. Address of Payee</b> (Street or P.O. Box, City, State, ZIP Code) |                                     |

### IV. TELL US THE REASON FOR SEEKING THIS REIMBURSEMENT

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| <p><b>12. Describe the reimbursement request.</b></p> <ul style="list-style-type: none"> <li>• How was this injury determined to be non-compensable? When was compensability disputed?</li> <li>• How was it determined:             <ul style="list-style-type: none"> <li>○ did a final order or decision find the injury non-compensable; or</li> <li>○ did the claimant fail to respond within one year of dispute?</li> </ul> </li> </ul> |
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| For DWC Use only |
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### V. REQUIRED ATTACHMENTS

Include the following documents with each request.

- A detailed payment record that includes the following:
  - date of payment;
  - amount of payment;
  - description of service; and
  - dates of service.
  
- Documentation showing pharmaceutical services were provided and paid (DWC Form-066, medical bills, or explanation of benefits).
- Notice of denial of compensability or liability and refusal to pay benefits (PLN-01).
- Final order or decision on compensability, if applicable.
- W-9 for the insurance carrier or authorized payee for any reimbursement that may be due.

Unless otherwise requested, please limit your submission to the above items.

## Frequently Asked Questions

### Who can file DWC Form-098?

Insurance carriers and their authorized representatives use this form to request pharmaceutical reimbursement from the SIF.

### Can I use this form to submit a request for reimbursement of any overpayments?

Forms are specific to the cause of the unrecoupable reimbursable overpayment. Use DWC Form-098 to request reimbursement from the SIF when an insurance carrier provided initial pharmaceutical coverage for an injury that was later determined to be non-compensable.

### When can I file DWC Form-098?

Requests for reimbursement of pharmaceutical benefits must be filed the same or following fiscal year after a determination that the injury is not compensable. A fiscal year begins each September 1 and ends on August 31 of the next calendar year. For example, if an injury is determined to be not compensable during the fiscal year from September 1, 2020, through August 31, 2021, the request for reimbursement must be submitted by August 31, 2022.

### What statutes and rules apply to this type of reimbursement?

Texas Labor Code Sections 403.006(b)(3) and 413.0141 and 28 Texas Administrative Code Sections 116.11(a)(6), 116.11(g), and 134.501(a).

### How do I submit this request?

- Electronic file transfer—If you already have an account with DWC, you may use the same electronic file transfer account. If you need an account, please contact our office at [eFiling-Help@tdi.texas.gov](mailto:eFiling-Help@tdi.texas.gov); or
- Fax to 512-804-4759.

**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](mailto:DWCLegalServices@tdi.texas.gov) or refer to the Corrections Procedure section at [www.tdi.texas.gov/commissioner/legal/lccorprc.html](http://www.tdi.texas.gov/commissioner/legal/lccorprc.html)

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