[Recommended: Insert letterhead here]

**Notice of Denial of Compensability/Liability and Refusal to Pay Benefits**

Date: [Date]

To: [Name of injured employee]

[Address]

[City, state, zip]

Re: Date of injury: [Date of injury]

Nature of injury: [Nature of injury]

Notice of injury date: [Date carrier received notice of injury]

Part of body injured: [Part of body injured]

Employee SSN: [Employee SSN]

DWC claim #: [DWC claim #]

Carrier name/TPA name: [Carrier name/TPA name]

Carrier claim #: [Carrier claim #]

Employer name: [Employer name]

Employer address, city, state, zip: [Employer address, city, state, zip]

**We, [Name of carrier], reviewed your workers’ compensation claim. Based on the facts we have about your claim, we are not going to pay income or medical benefits.**

**We denied your claim because:**

[Provide full and complete statement explaining the action taken]

Contact me if you: (1) have questions, (2) need to give more facts about this claim, or (3) disagree with this decision.

# Adjuster’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Phone (toll-free): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax / email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you would like to get letters by fax or email, send your fax number or email address  
to me.

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If we are not able to resolve an issue after you contact me:

Call the Texas Department of Insurance, Division of Workers’ Compensation at 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m. Central time.

You have the right to ask for a benefit review conference. If you ask for a conference, you will meet with: (1) someone from [Name of insurance carrier], and (2) a benefit review officer with the Texas Department of Insurance, Division of Workers’ Compensation. To ask for a conference, fill out a “Request to Schedule, Reschedule, or Cancel a Benefit Review Conference” form (DWC045) - [www.tdi.texas.gov/forms/dwc/dwc045brc.pdf](http://www.tdi.texas.gov/forms/dwc/dwc045brc.pdf).

If you don’t have an attorney, the Office of Injured Employee Counsel can help you prepare for the conference. To learn more, go to [www.OIEC.texas.gov](http://www.OIEC.texas.gov) or call 1-866-393-6432, ext. 44186, Monday to Friday, 8 a.m. to 5 p.m. Central time.

**Making a false workers’ compensation claim is a crime that may result in fines or prison.**

A copy of this notice was sent to:



Instructions to the insurance carrier:

**Notice of Denial of Compensability/Liability and Refusal to Pay Benefits** (PLN-1) 28 Texas Administrative Code (TAC) §124.2

This notice must be used by an insurance carrier to notify the injured employee/beneficiary and the Texas Department of Insurance, Division of Workers’ Compensation (DWC) of the insurance carrier's denial of compensability of, or liability for, an injury. Denials should be based upon information the insurance carrier has obtained or verified. This notice does not constitute a request for a benefit review conference.

The insurance carrier must:

* File a copy of this notice with DWC and the appropriate Electronic Data Interchange (EDI) transaction as the basis of a dispute. **The notice of denial is not considered complete until a copy of this notice and the electronic filing have been received by DWC.**
* Provide a full and complete statement of the facts surrounding the claim that justify and serve as the grounds for the denial of compensability or liability for the claim. A generic statement such as “liability in question,” “compensability in dispute,” “under investigation” or similar phrases with no further description of the factual basis for the action taken does not satisfy the requirements of 28 (TAC) §124.2. Explain the reason(s) for disputing the issue(s) in plain language without unnecessary use of technical terms, acronyms, and/or abbreviations.

Examples of acceptable plain language:

* We found out that you were injured by falling off the bleachers at your son’s little league game. There is a video of the accident.
* Your employer doesn’t have workers’ compensation insurance coverage with our insurance company. We are not responsible for the payment of workers’ compensation benefits on this claim.

**Format requirements**

* Must use font size of 12-point or larger (28 TAC §124.2(s)).

**Format recommendations**

Information sent to injured employees must be written in plain language. Along with clear writing, it is helpful to the reader when information is in a clean, easy-to-read format. Using easy-to-understand words and clean formatting might increase the length of your letter, but it also might greatly reduce customer service calls. Here are recommendations for formatting letters to injured employees:

* **Print only information that applies to the reader:** (1) Remove the section “Instructions to the insurance carrier,” and (2) if this letter has more than one option, remove the option that doesn’t apply to the injured employee.
* **Choose a clean font style:** Avoid highly stylized fonts. Fonts like Segoe, Verdana and Times New Roman are known to be the easiest to read.
* **Avoid italics and underlines:** If you want to emphasize text, it’s often better to use bold or a bigger font size.
* **Use sufficient and consistent spacing:** DWC suggests using 6 pts between paragraphs and bullets and 12 pts between sections.

**File the appropriate Electronic Data Interchange (EDI) transaction with DWC**

**and send this notice to DWC.**