[Recommended: Insert letterhead here]

**Notice of Maximum Medical Improvement and No Permanent Impairment**

Date: [Date]

To: [Name of injured employee]

[Address]

[City, state, zip]

Re: Date of injury: [Date of injury]

Nature of injury: [Nature of injury]

Part of body injured: [Part of body injured]

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], are letting you know that we will not pay you workers’ compensation impairment income benefits.**

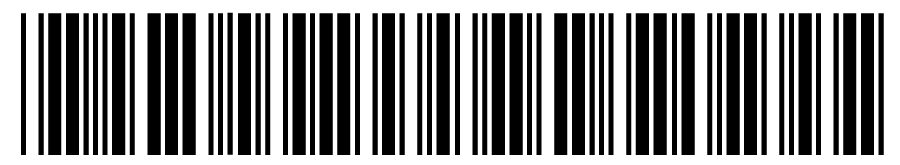
**The reason for this is because the report (copy attached) from Dr. [First and last name of doctor] shows that:**

* You have reached “maximum medical improvement,” which is when either: (1) no further healing or recovery from your injury can be expected, or (2) you were paid temporary income benefits for as long as the law allows.
* The doctor checked how your work-related injury affected your whole body. The doctor either:
  + Gave you an impairment rating of 0%. This rating shows that, although you have or had an injury, there is no permanent damage to your body as a whole.

or

* + Did not give you an impairment rating and found that you have no permanent damage to your body as a whole.

This does not change the medical benefits you get because of your injury.

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**If you do not agree with this decision:**

Contact me first if you do not agree with this decision. If you still do not agree after working with me, you have 90 days from the date you got the doctor’s report to file a dispute. To file a dispute, call the Texas Department of Insurance, Division of Workers’ Compensation at 1-800-252-7031.

**[Insurance carrier comments]**

**Contact me if you: (1) have questions, (2) need to give more facts about your 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.

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

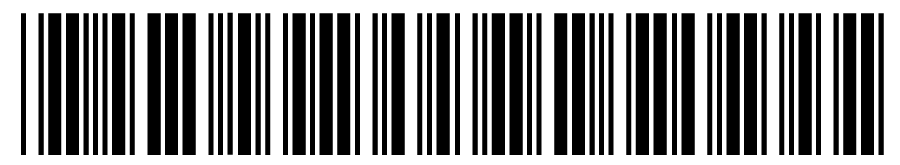
Call the Texas Department of Insurance, Division of Workers’ Compensation at 1-800-252-7031, Monday to Friday, 8 a.m. to 5 p.m. Central time.

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 going to prison.**

A copy of this letter was sent to:



**Instructions to the insurance carrier:**

**Notice of Maximum Medical Improvement and No Permanent Impairment** (PLN-3a)28 Texas Administrative Code (TAC) §124.2

This notice is to be used to report to the injured employee/representative that the injured employee has reached maximum medical improvement (MMI) and a doctor has certified that the injured employee has either a 0% impairment rating (IR) or has no permanent impairment.

Do not use this notice to notify the employee that:

* They have reached MMI and have been assigned an IR by a doctor.
  + Instead, use the PLN-3b, Notice of Maximum Medical Improvement and Permanent Impairment.
* They have reached statutory MMI and the insurance carrier has estimated the IR.
  + Instead, use the PLN-3c, Notice of Maximum Medical Improvement and Estimated Permanent Impairment.

The insurance carrier should attach a copy of the referenced report certifying 0% IR or no permanent impairment.

**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 do not send this notice to DWC.**