

[Recommended: Insert letterhead here]

Notice of Disputed Issues and Refusal to Pay Benefits

Date: [Date]

To: [Name of injured employee or potential beneficiary]
[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]
Employee Social Security number: [Employee Social Security number]
DWC claim #: [DWC claim #]
Insurance carrier/TPA name: [Insurance carrier/TPA name]
Insurance carrier claim #: [Insurance carrier claim #]
Employer name: [Employer name]
Employer address, city, state, ZIP: [Employer address, city, state, ZIP]

We, [Name of insurance carrier], reviewed your workers' compensation claim. Based on the facts we have about your claim, we don't agree:

[Check all that apply.]

- That your work-related injury stops you from getting or keeping a job that pays what you earned before your injury (existence, duration, or extent of disability).
- That your work-related injury caused some of your medical conditions (extent of injury).
- That you meet the rules for getting death benefits.

We don't agree because: [Facts that explain the denial]

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.

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

Call the Texas Department of Insurance, Division of Workers' Compensation (DWC) 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 DWC. 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.

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 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.

We sent a copy of this letter to:

Instructions to the insurance carrier:

Notice of Disputed Issues and Refusal to Pay Benefits (PLN-11) 28 Texas Administrative Code (TAC) §124.2

You must use this notice to notify an injured employee/beneficiary **and** DWC of the insurance carrier's dispute of an issue or issues (disability, extent of injury, death benefits) dealing with the administration of a claim. The insurance carrier should base its disputes on the information it has obtained or verified. This notice does not constitute a request for a benefit review conference.

If the initial determination is that the entire claim is not compensable, use the PLN-1.

The insurance carrier must:

- Provide this notice to the injured employee or representative, DWC, and the beneficiaries or representatives (if applicable).
- Include the Social Security number only if you don't have a DWC claim number.
- Check the appropriate boxes to indicate the issues being disputed.
- Provide a full and complete statement describing the reasons for the action it took. A generic statement such as "no medical evidence to support disability," "not part of compensable injury," "liability in question," "under investigation," and "eligibility questioned," 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 reasons for disputing the issues in plain language without using unnecessary technical terms, acronyms, and abbreviations.

If disability is one of the items in dispute, the insurance carrier must also file the appropriate electronic data interchange (EDI) transaction. The notice of disputed issues and refusal to pay benefits is not considered complete until DWC receives a copy of this notice and the electronic filing.

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.
- **Minimize abbreviations:** Abbreviations create confusion. But if using abbreviations, spell out the full name or phrase the first time you use it and put the abbreviation in parentheses after it.
- **Letterhead:** Use the insurance carrier's letterhead.

**File the appropriate EDI transaction with DWC
and send this notice to DWC.**