

1 **To the Insurance Carrier:**

2 Read these instructions carefully before you begin. This form contains interrogatories
3 (questions) for you to send to the claimant to answer. As described under Rule 142.13, you
4 should send these questions after the exchange of information following a benefit review
5 conference and no later than 25 days before a contested case hearing. **These interrogatories**
6 **may also be sent to subclaimants.**

7
8 On Page 4, write or type the "date of claimed injury" in the space provided.
9

10 Questions 1 through 5 are prepared. There is a line next to each number. Mark an "X" next
11 to each question you wish the claimant to answer. Do not mark questions that the claimant
12 has already answered, or that you do not need them to answer.
13

14 Questions 6 through 10 are blank for you to add up to five of your own questions to get
15 information from the claimant about the issues currently in dispute. Write or type each
16 question in the space provided.
17

18 **Certification**

19 This section is for the claimant to use after answering the questions. Please leave it attached
20 when you send the questions to the claimant. **The certification may be signed electronically.**
21

22 **Certificate of Service**

23 Fill in all information in this section and sign before sending to the claimant. **The certificate**
24 **of service may be signed electronically.** As described under Rules 140.9 and 142.4, copies of
25 these questions must be sent to all other parties.
26

1 **To the Claimant:**

2 Answer these questions to the best of your knowledge. You may need to provide more
3 information to fully answer these questions as time goes on. You must correct or
4 forward to the insurance carrier anything that changes an answer you have already
5 provided (for example, a newly-discovered witness, new medical information, etc.)
6 within a reasonable time before the contested case hearing. If that is not possible, you
7 must introduce the new information at the hearing.

8
9 You may electronically sign your certification.

10
11 A party who fails to disclose known information or documents in their possession, custody,
12 or control at the time disclosure is required may not introduce the evidence at any future
13 proceeding before the division or in court, unless they show good cause for not disclosing
14 the information or documents (Texas Labor Code Section 410.161).

15
16 Questions 1 through 5 are standard interrogatories that the division has approved. They
17 must be answered fully without any objection if asked.

18
19
20 **Definitions:**

21 The following definitions apply:

22
23 Act - the Texas Workers' Compensation Act, Texas Labor Code, Title 5, Subtitle A.

24
25 Claimant - the person claiming workers' compensation benefits from the insurance carrier.

26
27 Claimed injury - an injury, occupational disease, or occupational illness for which the
28 claimant is currently claiming workers' compensation benefits from the insurance carrier. A
29 claimed injury includes any injury you believe should be covered by the insurance company
30 as part of your work-related injury. A claimed injury does not include any injury,
31 occupational disease, or occupational illness that is not part of the compensable injury
32 under an approved DWC-24, *Benefit Dispute Agreement*, or a prior decision.

33
34 Division - the Texas Department of Insurance, Division of Workers' Compensation.

35
36 Expert witness - a person who, because of education, training, or experience, has specialized
37 knowledge of a subject not generally within the understanding of the average person.

1 Health care facility - a hospital, emergency clinic, outpatient clinic, or other facility
2 providing health care.

3
4 Health care practitioner - an individual who is licensed to provide or render and provides
5 or renders health care, or a non-licensed individual who provides or renders health care
6 under the direction or supervision of a doctor.

7
8 Health care provider - a health care facility or health care practitioner.

9
10 Insurance carrier - an insurance company, a certified self-insurer for workers' compensation
11 insurance, a certified self-insurance group under Texas Labor Code Chapter 407A, or a
12 governmental entity that self-insures either individually or collectively.

13
14 Interrogatories - formal sets of questions that are used during discovery before a hearing
15 to obtain written responses from an opposing party.

16
17 Person - an individual, corporation, organization, business trust, estate, trust, partnership,
18 association, or other legal entity.

19
20 Rule - a rule of the division codified under Texas Administrative Code, Title 28, Part 2.

21
22 Statement - written, typed, or printed documents signed or approved by the person
23 making it, as well as electronically recorded oral messages.

24

1 The alleged date of the claimed injury is:_____.

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36

Insurance Carrier’s Interrogatories to Claimant

Instructions: Answer only the questions with an “X” marked before the question number.
Use more pages if needed.

- _____ 1. Please provide the following information:
 - a. your full name;
 - b. home address;
 - c. telephone number;
 - d. email address;
 - e. current employer;
 - f. job title; and
 - g. any other names you go by or have been known to go by.

_____ 2. If the case involves a dispute of a certification of maximum medical improvement or impairment rating, is there a certification that rates all the claimed injuries?

If not, please list any claimed injuries that you believe should be considered when assessing maximum medical improvement or impairment rating.

You do not need to list claimed injuries that are part of an active extent of injury issue dispute in this case or that have been resolved by an approved DWC-24, Benefit Dispute Agreement or a prior decision.

1 _____3. For each health care provider you have seen for the claimed injuries since the
2 date of injury:

- 3
- 4 a. What is the health care provider’s name, address, email address, and
5 telephone number?
6
- 7 b. What are the conditions the health care provider treated?
8

9 *You do not need to provide information on health care providers where you
10 have already exchanged records from the health care provider with the
11 insurance carrier that contain this information in an identifiable and legible
12 manner.*

13

14

15 _____4. For each health care provider you have seen up to five years prior to the date
16 of injury that treated a body part you believe to be part of the claim:

- 17
- 18 a. What is the health care provider’s name, address, email address, and
19 telephone number?
20
- 21 b. What are the dates the health care provider treated you?
22
- 23 c. What are the conditions the health care provider treated?
24

25 *You do not need to provide information on health care providers where you
26 have already exchanged records from the health care provider with the
27 insurance carrier that contain this information in a legible manner as part
28 of the 15-day exchange required under Texas Labor Code Section 410.060.*

29

30

- 1 _____5. For each expert witness you expect to testify at the contested case hearing on
2 your behalf:
3
4 a. What is the expert witness' name, address, email address, and telephone
5 number?
6
7 b. What is the subject matter the expert witness may or will testify on?
8
9 c. What is the general substance of the expert witness' opinions? Provide a
10 brief summary of the basis for them.
11

12 *You do not need to provide opinions or summaries if you have already*
13 *exchanged a written report or health care records from the expert witness*
14 *with the insurance carrier that contains this information in an identifiable*
15 *and legible manner.*
16
17

DRAFT

Additional Questions

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30

To the claimant: Answer all questions marked by the insurance carrier.

____6. Question:

Answer:

____7. Question:

Answer:

____8. Question:

Answer:

____9. Question:

Answer:

____10. Question:

Answer:

DRAFT

Certification

1
2
3
4
5
6
7
8
9

I hereby certify under penalty of perjury that my answers to these interrogatories are true, correct, and complete.

Signature of claimant

Date: _____

Certificate of Service

I hereby certify that a true and correct copy of the insurance carrier's interrogatories to the claimant has been forwarded on this ____ day of _____, 20__, to each of the following as indicated:

Respectfully submitted,

Signature of insurance carrier's
representative

Printed name of insurance carrier's
representative

Mailing address

City, state, ZIP code

Telephone number

Email address

State Bar number (if attorney)

DRAFT