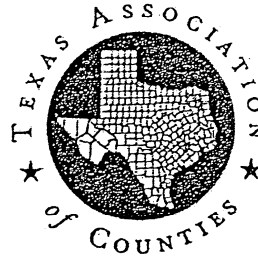


# **Injured Employee Notices**

**(DO NOT RETURN TO HUMAN RESOURCES)**

1. myMatrixx WC Prescription Information sheet.
2. Texas Workers' Compensation Commission Employee Rights and Responsibilities form
3. Alliance Provider list



Texas Association of Counties  
 Risk Management Pool  
 P.O. Box 160120  
 Austin, TX  
 (800) 752-6301

## Texas Association of Counties Risk Management Pool Workers' Compensation Prescription Information

### Employer:

Please fill out employee information below and provide employee with this document to take to any pharmacy with prescriptions.

* Employee Name:	
Group#:	10602730
* Member ID (SSN):	
* Date of Injury:	
Processor:	myMatrixx
Bin#:	014211
Days supply is limited up to 30 days for a new injury.	
myMatrixx Help Desk: (877) 804-4900	

*Keep*

### \* Employee:

Texas Association of Counties Risk Management Pool has partnered with *myMatrixx* to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days. This form does not certify compensability or guarantee payment.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 4,680 pharmacies in Texas and 65,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

**TO LOCATE AN APPROVED DOCTOR OR HEALTHCARE PROVIDER, PLEASE VISIT:  
 WWW.PSWCA.ORG**

**IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900**

### Pharmacist:

Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only.

For questions or rejections please call (877) 804-4900. Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

**FOR ALL REJECTIONS OR QUESTIONS CALL: (877) 804-4900**



## Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC). Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: [www.oiec.texas.gov](http://www.oiec.texas.gov). You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: [www.tdi.texas.gov](http://www.tdi.texas.gov).

### **Your Rights in the Texas Workers' Compensation System:**

#### **1. You have the right to hire an attorney to help you with your workers' compensation claim.**

For assistance locating an attorney, contact the State Bar of Texas' lawyer referral service at 1-877-983-9227 or <http://www.texasbar.com/>. Attorney referral information can also be found on OIEC's website at [www.oiec.texas.gov](http://www.oiec.texas.gov).

#### **2. You have the right to receive assistance from OIEC if you do not have an attorney.**

OIEC Customer Service Representatives and Ombudsmen are available to answer your questions and provide assistance with your workers' compensation claim by calling OIEC or visiting an OIEC office. **You must sign a written authorization before an OIEC employee can access information on your claim.** Call or visit an OIEC office to fill out the written authorization. Customer Service Representatives and Ombudsmen are trained in the field of workers' compensation and can help you with scheduling a dispute resolution proceeding about your workers' compensation claim. An Ombudsman can also assist you at a benefit review conference (BRC), contested case hearing (CCH), and an appeal. However, Ombudsmen cannot make decisions for you or give legal advice.

#### **3. You may have the right to receive medical and income benefits regardless of who was at fault for your injury, with certain exceptions. Your beneficiaries may be entitled to death and burial benefits.**

Information about the exceptions can be found at [www.tdi.texas.gov](http://www.tdi.texas.gov) or by visiting with OIEC staff.

#### **4. You may have the right to receive medical care to treat your workplace injury or illness for as long as it is medically necessary and related to the workplace injury.**

You may have the right to reimbursement of your incurred expenses after traveling to attend a medical appointment or required medical examination if the trip meets qualifying conditions.

#### **5. You may have the right to receive income benefits for your work-related injury.**

There are several types of income benefits and eligibility requirements. Information on the types of income benefits that may be available and the eligibility requirements can be found at [www.tdi.texas.gov](http://www.tdi.texas.gov) or by visiting with OIEC staff.

#### **6. You may have the right to dispute resolution regarding income and medical benefits.**

You may request Medical Dispute Resolution if you disagree with the insurance carrier regarding medical benefits. You may request Indemnity (Income) Dispute Resolution if you disagree with the insurance carrier regarding income benefits. The law provides that your dispute proceedings will be held within 75 miles from your residence.

#### **7. You have the right to choose a treating doctor.**

If you are in a Workers' Compensation Health Care Network (network), you must choose your doctor from the network's treating doctor list. You may change your treating doctor once without network approval. If you are not in a network, you may initially choose any doctor who is willing to treat your workers' compensation injury; however, changing your treating doctor must be pre-approved by the DWC if you are not in a network. If you are employed by a political subdivision (e.g. city, county, school district,) you must follow its rules for choosing a treating doctor. It is important to follow all the rules in the workers' compensation system. **If you do not follow these rules, you may be held responsible for payment of medical bills.** OIEC staff can help you to understand these rules.

**8. You have the right for your workers' compensation claim information to be kept confidential.**

In most cases, the contents of your claim file cannot be obtained by others. Some parties have a right to know what is in your claim file, such as your employer or your employer's insurance carrier. Also, an employer that is considering hiring you may get limited information about your claim from DWC.

**Your Responsibilities in the Texas Workers' Compensation System**

**1. You have the responsibility to tell your employer if you have been injured at work while performing the duties of your job. You must tell your employer within 30 days of the date you were injured or first knew your injury or illness might be work-related.**

**2. You have the responsibility to know if you are in a Workers' Compensation Health Care Network (network).**

If you do not know whether you are in a network, ask the employer you worked for at the time of your injury. If you are in a network, you have the responsibility to follow the network rules. If there is something you do not understand, ask your employer or call OIEC. If you would like to file a complaint about a network, call TDI's Customer Help Line at 1-800-252-3439 or file a complaint online at <http://www.tdi.texas.gov/consumer/complfrm.html#wc>.

**3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.**

Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

**4. You have the responsibility to tell your doctor how you were injured and whether the injury is work-related.**

**5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.**

You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

**6. You have the responsibility to provide your current address, telephone number, and employer information to DWC and the insurance carrier. DWC can be contacted at 1-800-252-7031.**

**7. You have the responsibility to tell DWC and the insurance carrier anytime there is a change in your employment status or wages.** (Examples of changes include: you stop working because of your injury; you start working; or you are offered a job).

**8. Eligible beneficiaries or persons seeking death and burial benefits have the responsibility to send a completed Beneficiary Claim for Death Benefits (DWC-042) to DWC within one year following the employee's date of death.**

**9. You are prohibited from making frivolous or fraudulent claims or demands.**



## **Aviso sobre los Derechos y Responsabilidades para los Empleados Lesionados en el Sistema de Compensación para Trabajadores de Texas**

En Texas, usted como empleado lesionado tiene derecho a recibir ayuda gratuita por parte de la Oficina de Asesoría Pública para el Empleado Lesionado (Office of Injured Employee Counsel -OIEC, por su nombre y siglas en inglés). Esta ayuda se ofrece en las oficinas locales en todo el estado. Las oficinas locales también proporcionan otros servicios del sistema de compensación para trabajadores por parte del Departamento de Seguros de Texas (Texas Department of Insurance -TDI, por su nombre y siglas en inglés). TDI, es la agencia estatal que regula y administra el sistema de compensación para trabajadores mediante la División de Compensación para Trabajadores (Division of Workers' Compensation –DWC, por su nombre y siglas en inglés).

Muchos de los servicios que son proporcionados por parte de OIEC y de DWC pueden ser llevados a cabo por teléfono. Usted puede comunicarse con OIEC llamando al teléfono gratuito 1-866-EZE-OIEC (1-866-393-6432). Visite el sitio Web de OIEC en [www.oiec.texas.gov](http://www.oiec.texas.gov), para obtener información adicional, incluyendo la ubicación de las oficinas. Usted puede comunicarse con DWC llamando al teléfono gratuito 1-800-252-7031. La información de DWC se encuentra disponible en la página de Internet: [www.tdi.texas.gov](http://www.tdi.texas.gov).

### **Sus Derechos Dentro del Sistema de Compensación para Trabajadores de Texas:**

#### **1. Usted tiene derecho a contratar a un abogado para asistirle con su reclamación de compensación para trabajadores.**

Para obtener asistencia para encontrar a un abogado, llame al servicio de recomendación de abogados de la Barra de Abogados del Estado de Texas (State Bar of Texas, por su nombre en inglés) al 1-877-983-9227 o visite [www.texasbar.com](http://www.texasbar.com). La información sobre la recomendación de abogados también puede encontrarse en la página de Internet de OIEC en [www.oiec.texas.gov](http://www.oiec.texas.gov).

#### **2. Usted tiene derecho a recibir asistencia por parte de OIEC si no cuenta con un abogado.**

Los Representantes de Servicio al Cliente de OIEC, así como los Ombudsman están disponibles para responder a sus preguntas y proporcionarle asistencia con su reclamación de compensación para trabajadores ya sea llamando a OIEC o visitando una de las oficinas de OIEC. **Usted debe firmar una autorización por escrito antes que un empleado de OIEC pueda tener acceso a la información sobre su reclamación.** Llame o visite una oficina de OIEC para completar la autorización por escrito. Los Representantes de Servicio al Cliente de OIEC y los Ombudsman han sido entrenados en el campo de compensación para trabajadores y pueden ayudarle a programar un procedimiento de resolución de disputas, relacionado con su reclamación de compensación para trabajadores. Un ombudsman también puede asistirle en una Conferencia para Revisión de Beneficios (Benefit Review Conference –BRC, por su nombre y siglas en inglés), en una Audiencia para Disputar Beneficios (Contested Case Hearing –CCH, por su nombre y siglas en inglés), y en una apelación. Sin embargo, un Ombudsman no puede tomar decisiones por usted, ni dar opiniones por usted o proporcionar asesoramiento legal.

#### **3. Con ciertas excepciones, usted tiene derecho a recibir beneficios médicos y beneficios de ingresos sin importar quién tuvo la culpa de su lesión. Sus beneficiarios podían tener derecho a recibir beneficios por causa de muerte y beneficios de gastos para el entierro.**

La información sobre las excepciones puede encontrarse en [www.tdi.texas.gov](http://www.tdi.texas.gov) o consultando al personal de OIEC. 2

**4. Usted puede tener derecho a recibir atención médica para atender su lesión o enfermedad que sucedió en el área de trabajo, durante todo el tiempo que sea médicamente necesario y relacionado con la lesión que sucedió en el área de trabajo.**

Usted puede tener derecho a recibir un reembolso por los gastos incurridos después de viajar para asistir a una cita médica o a un examen médico requerido (required medical examination, por su nombre en inglés), si el viaje cumple con las condiciones de calificación.

**5. Usted puede tener derecho a recibir beneficios de ingresos por su lesión relacionada con el trabajo.**

Existen varios tipos de beneficios de ingresos, así como requisitos de elegibilidad. La información sobre los tipos de beneficios de ingresos que pueden estar disponibles, y los requisitos de elegibilidad pueden ser encontrados en [www.tdi.texas.gov](http://www.tdi.texas.gov) o consultando al personal de OIEC.

**6. Usted puede tener derecho a una resolución de disputas con respecto a sus beneficios de ingresos y beneficios médicos.**

Usted puede solicitar una Resolución de Disputas Médicas (Medical Dispute Resolution, por su nombre en inglés) si está en desacuerdo con la aseguradora sobre los beneficios médicos. Usted puede solicitar una Resolución de Disputas por Indemnización (Ingresos) (Indemnity (Income) Dispute Resolution, por su nombre en inglés), si está en desacuerdo con la aseguradora sobre los beneficios de ingresos. La ley establece que sus procedimientos de resolución de disputas sean llevados a cabo dentro de 75 millas del domicilio suyo.

**7. Usted tiene derecho a escoger a su médico de tratamiento.**

Si usted pertenece a una red de servicios médicos de compensación para trabajadores (Workers' Compensation Health Care Network), (red), debe escoger a su médico de la lista de médicos de tratamiento de la red. Usted puede cambiar a su médico de tratamiento una sola vez sin la necesidad de obtener la aprobación de la red. Si no pertenece a una red, usted puede inicialmente escoger a cualquier médico que esté dispuesto a atender su lesión de compensación para trabajadores; sin embargo, si usted no pertenece a una red, el cambio de su médico de tratamiento debe ser pre-aprobado por DWC. Si es empleado de una subdivisión política, tal como la ciudad, el condado, o el distrito escolar, usted deberá seguir los reglamentos de dicha subdivisión política para escoger a un médico de tratamiento. Es importante seguir todos los reglamentos en el sistema de compensación para trabajadores. **Si usted no sigue estos reglamentos, podría ser considerado responsable por el pago de las facturas médicas.** El personal de OIEC puede ayudarle a entender estos reglamentos.

**8. Usted tiene derecho a que la información sobre su reclamación de compensación para trabajadores se mantenga confidencial.**

En la mayoría de los casos, el contenido del expediente de su reclamación no puede ser obtenido por otras personas. Algunos participantes tienen derecho a conocer el contenido del expediente de su reclamación, tal como su empleador o la aseguradora de su empleador. También, un empleador que esté considerando contratarle a usted puede obtener información limitada por parte de DWC sobre su reclamación.

**Sus Responsabilidades Dentro del Sistema de Compensación para Trabajadores de Texas:**

**1. Usted tiene la responsabilidad de informar a su empleador si se ha lesionado en el trabajo mientras desempeñaba sus deberes de trabajo. Usted debe informar a su empleador dentro de 30 días a partir de la fecha en que sucedió su lesión o del día en que usted se dio cuenta que su lesión o enfermedad podría estar relacionada con su trabajo.**

**2. Usted tiene la responsabilidad de saber si pertenece a una Red de Servicios Médicos de Compensación para Trabajadores (red) (Workers' Compensation Health Care Network -network).**

Si no sabe si pertenece a una red de servicios médicos, pregúntele al empleador para el cual usted trabajaba al momento en que ocurrió su lesión. Si pertenece a una red, es su responsabilidad seguir los reglamentos de dicha red. Si usted

encuentra algo que no entiende, pregunte a su empleador o llame a OIEC. Si desea presentar una queja sobre una red, llame a la Línea de Ayuda al Consumidor de TDI (TDI's Consumer Help Line, por su nombre en inglés) al 1-800-252-3439 o presente su queja en línea en [www.tdi.texas.gov/consumer/complfrm.html#wc](http://www.tdi.texas.gov/consumer/complfrm.html#wc).

**3. Si usted trabajó para una subdivisión política (p. ej. la ciudad, el condado o el distrito escolar) al momento en que sucedió su lesión, es su responsabilidad averiguar cómo recibir tratamiento médico.**

Su empleador debe poder proporcionar la información que usted necesita para determinar cuáles son los proveedores de servicios médicos que pueden atender su lesión relacionada con el trabajo.

**4. Usted tiene la responsabilidad de informar a su médico cómo es que usted se lesionó y determinar si la lesión está relacionada con el trabajo.**

**5. Usted tiene la responsabilidad de completar y enviar a DWC el Formulario DWC-041, Reclamo del Empleado para Compensación por una Lesión Relacionada con el Trabajo o Enfermedad Ocupacional.**

Usted cuenta con un año para enviar el formulario después de haberse lesionado o después de haberse enterado que su enfermedad podría estar relacionada con su trabajo. Complete y envíe el Formulario DWC-041 aun si ya está recibiendo beneficios. Usted puede perder su derecho a recibir beneficios si no envía a tiempo el formulario completo a DWC. Para obtener una copia del Formulario DWC-041 comuníquese con DWC o con OIEC.

**6. Usted tiene la responsabilidad de proporcionar su dirección actual, número de teléfono e información sobre su empleador a DWC y a la aseguradora. Usted puede comunicarse con DWC al 1-800-252-7031.**

**7. Usted tiene la responsabilidad de informarle a DWC y a la aseguradora cada vez que haya un cambio en el estado de su empleo o su salario.**

(Algunos ejemplos de cambios incluyen: si deja de trabajar a causa de su lesión; si usted regresa a trabajar; o si recibe una oferta de trabajo).

**8. Los beneficiarios que son elegibles o las personas que buscan obtener beneficios por causa de muerte o beneficios de gastos para el entierro, tienen la responsabilidad de completar y enviar a DWC el Formulario DWC-042, Reclamación del Beneficiario para Obtener Beneficios por Causa de Muerte dentro de un año, a partir de la fecha en que el empleado falleció.**

**9. Usted tiene prohibido hacer reclamaciones o demandas injustificadas o fraudulentas.**



# TEXAS ASSOCIATION *of* COUNTIES

## Risk Management Pool

EMPLOYEE COPY

### Employee Notice of Political Subdivision Workers' Compensation Alliance (Alliance) Program Requirements

#### Important Contact Information

- Alliance website is [www.pswca.org](http://www.pswca.org)
- Alliance phone number is 1-866-99-PSWCA (1-866-997-7922)
- To contact your adjuster call 1-800-752-6301

#### **Information, Instructions and your Rights and Obligations**

Your employer has chosen the Political Subdivision Workers' Compensation Alliance (Alliance) to manage the health care and treatment you may receive if you are injured at work. The Alliance includes a panel of health care providers who are trained in treating work related injuries. They are also trained in getting people back to work safely.

If you are injured at work, tell your supervisor or employer immediately. The enclosed information will help you to seek care for your injury. Also, your employer will help with any questions about how to get treatment. You may also contact Texas Association of Counties via JI Specialty Service for any questions about your care and treatment for a work related injury. The Fund and your employer have formed a team to provide timely health care for injured workers. The goal is to provide quality medical care and return you to work as soon as it is safe to do so.

#### ***Injured employees' Rights and Obligations...***

##### What to do if you are injured while on the job...

If you are injured while on the job, tell your employer as soon as possible. A list of Alliance treating doctors may be available from your employer. A complete list is also available online at <http://www.pswca.org> or, you may contact your adjuster directly at the following address and/or toll-free telephone number:

**JI Specialty Services  
P.O. Box 160120 Austin, TX 78716  
800-752-6301**

##### In case of an emergency...

If you are hurt at work and it is a life-threatening emergency, you should go to the nearest emergency room. If you are injured at work after normal business hours, you should go to the nearest care facility.

Emergency care does not need to be approved in advance. "Medical emergency" is defined in Texas laws. It is a medical condition that comes up suddenly. There are acute symptoms that are severe enough that a reasonable person would believe that you need immediate care or you would be harmed. That harm would include your health or bodily functions being in danger or a loss of function of any body organ or part.

**Claims Administrator, JI Specialty Services, Inc.**

P.O. Box 160120 • Austin, TX 78716 • 800-752-6301 • 512-427-2497 • FAX 512-346-9321



After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the provider list. This list is available online at [www.pswca.org](http://www.pswca.org) If you do not have Internet access call 800-752-6301 or contact your employer for a list. The doctor you choose will oversee the care you receive for your work related injury. Except for emergency care you must obtain all health care and specialist referrals through your treating doctor.

#### Choosing a Treating Doctor

If you are injured at work, you must choose a treating doctor from the Alliance panel of providers. This is **REQUIRED** in order for the cost of your medical care for your work related injury to be covered. A provider listing is available through The Alliance website at [www.pswca.org](http://www.pswca.org). It is updated weekly and identifies providers who are taking new patients.

If you were injured before your insurer contracted with the Alliance, and continue to receive treatment, you may be required to choose a treating doctor on the provider list.

If your treating doctor leaves the Alliance, we will inform you in writing. You will have the right to choose another treating doctor from the list of providers. If your doctor leaves the Alliance and you experience a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may contact your adjuster to request that you treat with him or her for an extra 90 days.

#### Changing Doctors

If you become dissatisfied with your initial choice of your treating doctor, you can complete the Pool II-2, "Change of Treating Doctor Form" to select an alternate treating doctor from the list of Alliance doctors. This form is available at [www.county.org](http://www.county.org) and should be completed and submitted to your adjuster for approval prior to changing treating doctors.

#### Referrals

Health care services that you request will be made available on a timely basis as required by your medical condition. This includes referrals. Referrals will be made no more than 21 days after you make a request. You do not have to get a referral if you are in need of emergency care.

#### Payment for Health Care

Alliance doctors have agreed to look to the Fund for payments related to your health care. They will not look to you for payment. If you obtain health care from a doctor who is not on the list of Alliance doctors, without prior approval, you will be responsible for the cost of that care. You may only access non-Alliance health care providers and remain eligible for coverage of your medical costs if one of the following situations occurs:

- Emergency care is needed. You should go to the nearest hospital or emergency care facility.
- You do not live within a direct contracting program service area.
- Your treating doctor refers you to a non-Alliance provider or facility AND your adjuster has approved the referral prior to treatment.

Non-emergency care...

Once you have selected your treating doctor, you will need to notify your adjuster of your selection by calling and advising them or you can complete the "Treating Doctor Selection Form" pool JI2 form and submit to your adjuster.

Complaints

You have the right to file a complaint with the Alliance. You may do this if you are dissatisfied with any aspect of the operation. This includes a complaint about the Alliance or an Alliance doctor. It may also be a general complaint about the PSWCA Direct Contracting Program.

A complainant can notify the PSWCA Direct Contracting Program Grievance Coordinator of a complaint by phone or in writing via mail or fax. Complaints should be forwarded to:

PSWCA Direct Contracting Program  
Attention: Grievance Coordinator  
*P.O. Box 763 Austin, TX 78767*  
*1-866-99-PSWCA (1-866-997-7922)*

E-mail: [customerservice@pswca.org](mailto:customerservice@pswca.org)