ROYSE CITY ISD
HUMAN RESOURCES

810 Old Greenville Rd
Royse City, TX 75189
972-636-2413

Campus/Department Secretary Responsibilities: Workers' Compensation Procedures

This Workers' Compensation Packet outlines the required forms, critical steps, and key responsibilities for campus/department secretaries when a work-related injury is reported. Following this protocol ensures that all legal and administrative requirements are completed accurately and on time.

Form Name	Action	Distribution
Employee's Report of On-The-Job-Injury	Completed and signed by the employee.	Provide a copy to the employee and email a copy to carlissa.thomas@rcisd.org
Verification of Employment for a Reported Workers' Compensation Injury or Illness	Completed by the campus/department secretary.	Provide a copy to the employee and email a copy to carlissa.thomas@rcisd.org
Hunt Regional Authorization to Treat/Test Form	Completed by the campus/department secretary.	Provide a copy to the employee and email a copy to carlissa.thomas@rcisd.org
Employee Election of Leave Form	Completed by the campus/department secretary and the employee.	Provide a copy to the employee and email a copy to carlissa.thomas@rcisd.org
Employee Acknowledgement of The Alliance Direct Contracting Program	To completed by the employee.	Provide a copy to the employee and email a copy to carlissa.thomas@rcisd.org

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Alliance Provider Listing	Provide to the employee for their information/records.	N/A
Optum Pharmacy Benefits Card	Provide to the employee for their information/records.	N/A
Royse City ISD Workers' Compensation Form Employee Information Packet	Provide to the employee for their information/records.	N/A
Notice of Injured Employee Rights and Responsibilities in the Texas Workers' Compensation System	Provide to the employee for their information/records.	N/A

Procedures

1. Initial Reporting and Documentation

- **Prompt Reporting:** Upon becoming aware of a work-related injury, immediately complete the First Report of Injury (FROI) online, in conjunction with the full Workers' Compensation Packet. This must be done with all available information, with or without the employee's cooperation.
- **"Record Only" Designation:** If the injured employee does not intend to seek medical attention, select "Record Only" on the online FROI form. This status can be updated later if the employee changes their mind.
- **On-Site Completion:** Unless it is an emergency, ensure all forms are completed with the employee before they leave. Do not provide the packet to the employee to take home for completion.

2. Forms and Packet Distribution

- **Employee Packet:** Provide the employee with a copy of all the completed forms and documents in the packet. Even if they do not plan to see a doctor, having these forms completed ensures they have the necessary information should they change their mind and seek medical care at a later time.
- **Immediate Submission:** Scan and email the completed Employee's Report of

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Royse City, TX 75189
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On-The-Job-Injury form to carlissa.thomas@rcisd.org as soon as it is completed.

3. Pay and Time-Off Procedures

- **Day of Injury Pay:** The employee should be paid for the remainder of the day of injury. Record this time as 'School Business' and include a note indicating 'work-related injury.'

4. Post-Injury Follow-Up

- **Medical Documentation:** As soon as you receive any documents from the doctor's office, or from the employee, please email them carlissa.thomas@rcisd.org immediately. Prompt submission helps ensure any restrictions are addressed quickly and efficiently.
- **Work Restrictions and Bona Fide Job Offer Letters:** If the employee is placed on work restrictions by their doctor, a Bona Fide Job Offer Letter will be extended to them. This letter must be signed by the employee and their direct supervisor upon their return to work, provided the accommodations can be met. If the employee needs to be placed in a different temporary position, please communicate this to Carlissa Thomas so that a new letter can be issued.
- **Reporting Time Lost:** Keep Carlissa Thomas informed of any time lost due to the injury and of the employee's return-to-work date. Timely notification is essential to ensure a smooth claims process.

Questions or Concerns

If you have any questions or concerns at any time, please contact:

- **Carlissa Thomas, HR Specialist**
- **Phone:** (972) 636-2413 Ext. 12109
- **Email:** carlissa.thomas@rcisd.org

ROYSE CITY INDEPENDENT SCHOOL DISTRICT

EMPLOYEE'S REPORT OF ON-THE-JOB INJURY

(This form must be **completed in full detail and signed** by the injured employee **within 24 hours** of injury)

Personal Information

Full Name (Last, First M.I.):	**Date of Birth (mm-dd-yy):**
Your Address (number and street):	**Social Security Number:**
City and Zip:	**Gender:** ☐ Male ☐ Female
Home Phone:	**Job Title:**
Work Phone:	**Facility (Bldg.) or Dept. You Work In:**
Email Address:	**Hire Date:**

Details of Injury

Date of injury:_____ Time of injury: _____ ☐ AM ☐ PM

Location of injury (building and where within building): _____

Date First Reported:_____ Time reported: _____ ☐ AM ☐ PM

To whom? _____

Has the incident been reported to your supervisor? ☐ YES ☐ NO

Direct Supervisor's name: _____

Were you exposed to someone else's blood or body fluids? ☐ YES ☐ NO

If yes, did you follow the District's safety protocol? ☐ YES ☐ NO

If so, were you using it at the time of your injury? ☐ YES ☐ NO

Did your injury occur because of human or machine error? _____

In your opinion, what was the cause of the injury? _____

What safety measures do you think can be taken to prevent an injury of this type?

_____

Do you intend to seek medical treatment for your injury? ☐ YES ☐ NO

Have you or do you expect to lose time from work? ☐ YES ☐ NO

Name & Phone of witness(es) of incident: _____

Was anyone else injured in this incident? _____

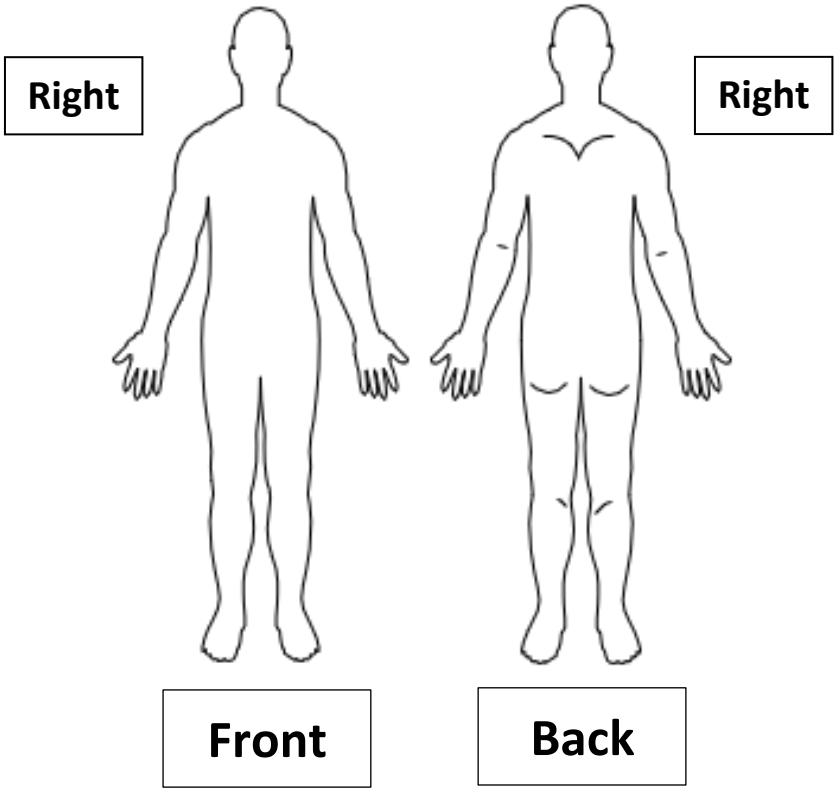
Did the injury occur in the scope of your regular duties? ☐ YES ☐ NO

What activity were you engaged in and how did your injury happen? **(DESCRIBE YOUR ACCIDENT IN DETAIL):**

On the diagram provided below, **circle the parts of your body and check the list** to show injury:

Indicate R or L, top or bottom, front or back:

Head _____
Arm _____
Hip _____
Chest _____
Shoulder _____
Abdomen _____
Leg _____
Neck _____
Finger _____
Knee _____
Ankle _____
Foot _____
Back _____
Other _____



Initial medical treatment: None Minor on-site remedies Minor clinic/hospital visit Emergency

I certify that the information contained in his report is true and correct.

I understand that any falsifications of information regarding an on-the-job injury may result in disciplinary action and/or prosecution under the appropriate State Criminal Statutes.

I hereby authorize the release of all medical records relating to the above noted incident to my employer, his agent, or insurance company.

Employee Signature _____ Date _____

Please email this form to Carlissa Thomas, WC Specialist**: carlissa.thomas@rcisd.org**

Verification of Employment for a Reported Workers' Compensation Injury or Illness

Please take this form to the doctor for your first medical examination.

Employee Name_____ Date of Injury _____

Date of Birth_____ Social Security _____

Reported Work Related Injury or Illness:

_____

_____

_____(member organization) workers' compensation coverage provider is the Texas Association of School Boards Risk Management Fund which is a member of the Political Subdivision Workers' Compensation Alliance (the Alliance.) For emergencies, an injured employee may go to the nearest emergency room. Otherwise, all other treatment must be from an Alliance Provider listed at pswca.org.

Please submit all claim and medical billing information to:

TASB
P.O. Box 2983
Clinton, IA 52733-2983
Phone: 800.732.0153
Fax: 732.212.7009

eBill Information
Clearinghouse: WorkComp EDI
Clearinghouse website: www.workcompedi.com
TASB's Payer ID: WR902

Pre-Authorization
Phone: 800.482.7276, x9907
Fax: 888.777.8272

Issuing Signature_____ Title _____

Phone Number_____ Date _____

Providers please submit Work Status Reports and all Job Description inquiries to:

Contact Name, Title Carlissa Thomas / Royse City ISD Workers' Compensation Specialist

Phone (972) 636-2413 Ext. 12109

Fax N/A

Email carlissa.thomas@rcisd.org

For a full list of Alliance Providers please visit pswca.org.

Authorization to Treat/Test Form

Hunt Regional Occupational Health

Hunt Regional Urgent Care
Phone: (469) 402-3420 opt. 3
Fax: (469) 402-3499
Email: occmedfrontdesk@huntregional.org

Employee Work-Related - INJURY Visit

Please note not all services are available at all locations. Please confirm with the Occupational Medicine department prior to sending your employee for services. For location details/addresses, please see our website at urgentcare.huntregional.org

Today's Date:	**Date of Injury:**
Patient:	**Injury Description:**
Birthday:	**SSN:**

To be completed by Employee Supervisor/DER: (initials: CT)

Company: Royse City ISD	**Job Description:**
Address: 810 E. Old Greenville Rd.	**City, State:** Royse City, TX
Supervisor/HR contact: Carlissa Thomas	
Employer Phone: (972) 636-2413 Ext. 12109	**Employer Fax:** N/A
Employer Email: carlissa.thomas@rcisd.org	
Bill to: WorkComp Ins / Company pay	**WC Network** (if known): Alliance
WC Insurance: TASB	**Claim#**: TBD
Adjuster Name: TBD	
Adjuster Phone: 1-800-482-7276 Ext. 9907	**Adjuster Email:** TBD

Will incident testing be required for this visit? Yes / No (if 'yes' – must select from below)

☐ Urine Drug Collection (Company COC- collect & send only)	☐ Non- DOT Breath Alcohol Test
☐ 11 Panel Non-DOT (Rapid In-House)	☐ DOT Breath Alcohol Test
☐ 5 Panel Non-DOT (Lab processed)	☐ Breath Alcohol Confirmation
☐ 5 Panel DOT	
☐ Confirmation/MRO review	

For UDS/Breath Alcohol only, and only assigned by the DER: Reason for Testing- please circle one

Pre-Placement / Random / Post-Accident / Reasonable Susp. / Return to Duty / Follow-up

DER preference for sending Medical Record, Test Results & Return to Work Forms: Fax: Email: carlissa.thomas@rcisd.org

Other Instructions:

Send completed form with employee, via email to occmedfrontdesk@huntregional.org, or fax 469-402-3499

updated 2/2025

EMPLOYEE ELECTION OF LEAVE FORM (ENGLISH)

Name _____ **Employee number** _____

Position_____ **Department/Campus** _____

This employee is absent from duty because of a job-related illness or injury beginning on *(date of first absence attributable to illness or injury)*. If eligible, workers' compensation insurance may begin paying a percentage of the employee's current wages on the eighth day of absence from duty if an extended absence is required.

_____ _____

District authorized signature Date

Employee choice:

I am absent from duty because of a job-related illness or injury. I understand that I am not eligible for workers' compensation weekly income benefits until my absence exceeds seven calendar days. I also understand that Royse City ISD *[employer name]* will continue to pay its contribution toward the cost of my group health insurance coverage (if applicable) as long as I am on **paid** leave and/or family and medical leave (FMLA). I further understand that I will be responsible for paying all health insurance premiums if I am on **unpaid** leave that is not FMLA leave. I choose the following option:

- ❑ I choose to use only _____ days of available paid leave at this time.
- ❑ I choose to use all available paid leave. I understand that I will not receive workers' compensation weekly income benefits until I have exhausted all of my paid leave or to the extent that paid leave does not equal my pre-illness or -injury wage.
- ❑ I choose **not** to use any available paid leave at this time. I understand that I will not receive any regular salary payments from Royse City ISD *[employer name]* while receiving weekly income benefits under workers' compensation. No available paid leave will be deducted from my leave balance. I further understand that by selecting this option, I will receive only workers' compensation wage benefits for any absences resulting from my work-related illness or injury, unless and until I communicate to the district a change in my decision.

_____ _____

Employee signature Date

For Claims Reporting Purposes Only:	
For all employees: Amount of leave paid to employee: $ ____.__ Daily rate: $ _____ Period of payment: from___/___/___ through___/___/___ for ____ days **or** ____ weeks	*For hourly employees only:* Hourly rate: $____.___ Number of hours paid: _____

EMPLOYEE ELECTION OF LEAVE FORM (SPANISH)

Nombre _____ **Número de empleado** _____

Posición _____ **Departamento/campus** _____

Este empleado está ausente de su trabajo debido a una enfermedad o lesión relacionada con el trabajo que comenzó en *(fecha de la primera ausencia que se atribuye a enfermedad o lesión)*. Si es elegible, el seguro de compensación de los trabajadores puede comenzar a pagar un porcentaje de los salarios actuales del empleado en el octavo día de ausencia del trabajo, en caso de que se requiera una ausencia prolongada.

_____ _____

Firma autorizada de distrito Fecha

Elección del empleado:

Estoy ausenté del trabajo debido a una enfermedad o lesión relacionada con el trabajo. Comprendo que no soy elegible para los beneficios de ingreso semanales de compensación para trabajadores hasta que mi ausencia exceda los siete días calendario. También comprendo que Royse City ISD *[Nombre del empleador]* continuará pagando su aporte hacia el costo de mi cobertura de seguros médicos (si es aplicable) siempre y cuando estoy en licencia **con goce de sueldo** y/o licencia familiar o médica (FMLA). Asimismo, comprendo que seré responsable de pagar todas las primas de seguros médicos si estoy en licencia **sin goce de sueldo** que no sea una licencia FMLA. Elijo la siguiente opción:

- ❑ Elijo utilizar solamente _____ días de licencia disponible con goce de sueldo en esta oportunidad.

- ❑ Elijo utilizar todas las licencias con goce de sueldo disponibles. Comprendo que no recibiré los beneficios de ingresos semanales de compensación de los trabajadores hasta que haya acabado toda mi licencia con goce de sueldo o hasta en que la licencia con goce de sueldo no es equivalente a mi sueldo previo a la enfermedad o a la lesión.

- ❑ Elijo **no** utilizar la licencia con goce de sueldo disponible en esta oportunidad. Comprendo que no recibiré pagos de salario regulares de Royse City ISD *[Nombre del empleador]* mientras reciba los beneficios de ingreso semanales conforme a la compensación de los trabajadores. No se deducirá la licencia con goce de sueldo disponible de mi saldo de licencia. Asimismo, comprendo que, al seleccionar esta opción, recibiré solamente los beneficios de salario de compensación de los trabajadores para las ausencias que deriven de mi enfermedad o lesión relacionada con el trabajo, a menos y hasta que comunique al distrito un cambio en mi decisión.

_____ _____

Firma del empleado Fecha

For Claims Reporting Purposes Only:	
For all employees: Amount of leave paid to employee: $ ____.__ Daily rate: $ _____ Period of payment: from___/___/___ through___/___/___ for ____ days **or** ____ weeks	*For hourly employees only:* Hourly rate: $____.___ Number of hours paid: _____

Employee Acknowledgement of the Alliance Direct Contracting Program

I have received information that tells me how to get health care under my employer's workers' compensation coverage. If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the Alliance list of doctors designated as treating doctors.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go to any licensed medical professional within the United States.
3. Even though my treating doctor should refer me to a specialist of providers contracted with the Alliance, I understand that I need to verify that the referral doctor is a member of the Alliance provider panel.
4. The Texas Association of School Boards Risk Management Fund will pay the treating doctor and other Alliance providers for all health care related to my compensable injury.
5. I understand that my medical and/or income benefits may be disputed if I receive health care from a provider other than an Alliance provider without prior approval from the Fund.
6. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
7. If I want to change doctors after my first choice, I can do so within the first 60 days of starting treatment, and I can only choose from the Alliance list of providers. A third choice requires approval from my adjuster.

_____ _____/_____/_____

Signature Date

_____

Printed Name

I live at: 810 E. Old Greenville Rd. _____

Street Address City, State, Zip Code

Name of Employer: Royse City ISD _____

Name of Direct Contracting Program: Political Subdivision Workers' Compensation Alliance (the Alliance)

Direct contracting service areas are subject to change. To locate a treating doctor within your area, visit the PSWCA web site at **pswca.org** or call your adjuster at 800.482.7276.

To be completed by the employer only

Please indicate whether this is the:

- ☐ Initial Employee Notification
- ☐ Injury Notification (Date of Injury:_____/_____/_____)

Do not return this form to the TASB Risk Management Fund unless requested.

TASB™ RISK FUND

TASB Risk Management Fund

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Reconocimento Del Empleado Para El Programa De Contratar Directamente Con Medicos

He recibido la informacion que explica como obtener tratamientos medicos si me lastimo en el trabajo. Si estoy lastimado en el trabajo y vivo en un área de servicio descrita en esta información, entiendo que:

1. Tengo que escojer un doctor de la lista de la Alliance (PSWCA), que son señalados para tratar.
2. Debo ir a este doctor para todo el tratamiento médico para mi lesión. Si necisito un especialista, el doctor que me trata me referirá. Si necesito tratamientos de emergencia, yo entiendo que puedo ir a cualquier profesional médico licenciado dentro de los Estados Unidos.
3. Si el doctor me refiere a un especialista, yo entiendo que necesito verificar que el doctor sea un miembro del la Alliance.
4. TASB le pagara al doctor escojido y a doctores tambien que son partidos de PSWCA.
5. Puedo ser responsable de la cuenta si recibo tratamento medico de doctores que no son miembros de la Alliance y sin la aprobacion anterior de TASB.
6. Reportando un reclamo de lastimaduara falsa o fraudulenta es un crimen que puede resultar en multas y o al encarcelamiento.
7. Si deseo cambiar doctores despues de mi primera opción, puedo hacerlo dentro 60 dias de comensar mi tratamieto. Puedo solamente escojer de la lista de doctores que estan en el Alliance. La tercer opción necesita probacion de mi ajustador antes de cabiar doctor.

_____ _____/_____/_____
Firma (Signature) Fecha (Date)

_____
Nombre en imprenta (Printed Name)

_____
Direccion de domicilio incluindo cuidad, estado y zip (Address)

Nombre de empleo (Name of Employer): Royse City ISD
Nombre del programa de contratar doctores directament (Name of Direct Contracting Program): Political Subdivision Workers' Compensation Alliance (the Alliance)

El servicio de contratar doctores directamente en las areas de servicio, son subjetivos a cambiar. Para localizar un doctor de tratamiento en su area, visite al Internet en: **www.pswca.org** o llame a su ajustador al numero: 800.482.7276.

To be completed by the employer only

Please indicate whether this is the:

- ☐ Initial Employee Notification
- ☐ Injury Notification (Date of Injury:_____/_____/_____)

Do not return this form to the TASB Risk Management Fund unless requested.

TASB™ RISK FUND

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POLITICAL SUBDIVISION WORKERS' COMPENSATION ALLIANCE

Provider Listing - 7/28/2026

Primary Care Providers

Within 20 miles of Royse City, TX

63 Providers Located

Ashley Roest PA, Hunt Regional Urgent Care
Physician Assistant

576 I-30
Royse City, TX 75189
Phone: (469) 402-3400
Fax: (972) 635-2355

1 miles

Asim Usman MD, Hunt Regional Urgent Care
Emergency Medicine

576 I-30
Royse City, TX 75189
Phone: (469) 402-3400
Fax: (972) 635-2355

1 miles

Debbie Helms NP, Hunt Regional Urgent Care
Nurse Practitioner

576 I-30
Royse City, TX 75189
Phone: (469) 402-3400
Fax: (972) 635-2355

1 miles

Jared Christiansen PA, Hunt Regional Urgent Care
Physician Assistant

576 I-30
Royse City, TX 75189
Phone: (469) 402-3400
Fax: (972) 635-2355

1 miles

Julia Grienitz PA, Hunt Regional Urgent Care
Physician Assistant

576 I-30
Royse City, TX 75189
Phone: (469) 402-3400
Fax: (972) 635-2355

1 miles

Liesl Connelly PA, Hunt Regional Urgent Care
Physician Assistant

576 I-30
Royse City, TX 75189
Phone: (469) 402-3400
Fax: (972) 635-2355

1 miles

Michael Magill NP, Hunt Regional Urgent Care
Nurse Practitioner

576 I-30
Royse City, TX 75189
Phone: (469) 402-3400
Fax: (972) 635-2355

1 miles

Paul Prasco PA, Hunt Regional Urgent Care
Physician Assistant

576 I-30
Royse City, TX 75189
Phone: (469) 402-3400
Fax: (972) 635-2355

1 miles

William Nicholas PA, Hunt Regional Urgent Care
Physician Assistant

576 I-30
Royse City, TX 75189
Phone: (469) 402-3400
Fax: (972) 635-2355

1 miles

CareNow, CareNow
Urgent Care Clinic

3090 North Goliad St.
Rockwall, TX 75087
Phone: (972) 722-0011
Fax: (972) 722-0023

7.7 miles

Integrity Urgent Care, Integrity Urgent Care
Urgent Care

905 South Hwy. 78, Ste. F
Lavon, TX 75166
Phone: (469) 757-4119
Fax: (469) 647-9242

7.8 miles

Ashley Roest PA, Hunt Regional Urgent Care
Physician Assistant

810 E. Ralph Hall Pkwy., Ste. 100
Rockwall, TX 75032
Phone: (469) 402-3400
Fax: (469) 402-1294

8.6 miles

Asim Usman MD, Hunt Regional Urgent Care
Emergency Medicine

810 E. Ralph Hall Pkwy., Ste. 100
Rockwall, TX 75032
Phone: (469) 402-3400
Fax: (469) 402-1294

8.6 miles

Debbie Helms NP, Hunt Regional Urgent Care
Nurse Practitioner

810 E. Ralph Hall Pkwy., Ste. 100
Rockwall, TX 75032
Phone: (469) 402-3400
Fax: (469) 402-1294

8.6 miles

Julia Grienitz PA, Hunt Regional Urgent Care
Physician Assistant

810 E. Ralph Hall Pkwy., Ste. 100
Rockwall, TX 75032
Phone: (469) 402-3400
Fax: (469) 402-1294

8.6 miles

Liesl Connelly PA, Hunt Regional Urgent Care
Physician Assistant

810 E. Ralph Hall Pkwy., Ste. 100
Rockwall, TX 75032
Phone: (469) 402-3400
Fax: (469) 402-1294

8.6 miles

Paul Prasco PA, Hunt Regional Urgent Care
Physician Assistant

810 E. Ralph Hall Pkwy., Ste. 100
Rockwall, TX 75032
Phone: (469) 402-3400
Fax: (469) 402-1294

8.6 miles

Richard Johnson PA, Hunt Regional Urgent Care
Physician Assistant

810 E. Ralph Hall Pkwy., Ste. 100
Rockwall, TX 75032
Phone: (469) 402-3400
Fax: (469) 402-1294

8.6 miles

Scott Pierce DO, Hunt Regional Urgent Care
Emergency Medicine, Family Medicine

810 E. Ralph Hall Pkwy., Ste. 100
Rockwall, TX 75032
Phone: (469) 402-3400
Fax: (469) 402-1294

8.6 miles

William Nicholas PA, Hunt Regional Urgent Care
Physician Assistant

810 E. Ralph Hall Pkwy., Ste. 100
Rockwall, TX 75032
Phone: (469) 402-3400
Fax: (469) 402-1294

8.6 miles

CareNow, CareNow Rockwall
Urgent Care Clinic

600 Horizon Rd.
Rockwall, TX 75032
Phone: (972) 332-5555
Fax: (972) 722-4823

9.9 miles

Integrity Urgent Care, Integrity Urgent Care
Urgent Care

8301 Lakeview Parkway, Ste. 200
Rowlett, TX 75089
Phone: (972) 499-7250
Fax: (972) 767-3158

11.7 miles

CareNow, CareNow
Urgent Care Clinic

529 Laurence Dr.
Heath, TX 75032
Phone: (469) 935-8040
Fax: (833) 641-2858

12.2 miles

Integrity Urgent Care, Integrity Urgent Care
Urgent Care

8695 S. State Hwy. 34
Quinlan, TX 75474
Phone: (903) 212-1837
Fax: (855) 538-2659

12.7 miles

Jared Christiansen PA, Hunt Regional Urgent Care
Physician Assistant

3206 Interstate 30 W., Ste. C
Greenville, TX 75402
Phone: (903) 408-1940
Fax: (903) 453-1941

15 miles

Michael Magill NP, Hunt Regional Urgent Care
Nurse Practitioner

3206 Interstate 30 W., Ste. C
Greenville, TX 75402
Phone: (903) 408-1940
Fax: (903) 453-1941

15 miles

CareNow, CareNow
Urgent Care Clinic

3080 FM 544
Wylie, TX 75098
Phone: (972) 202-7300
Fax: (972) 202-7277

15.1 miles

CareNow, CareNow
Urgent Care Clinic

2101 Lakeview Pkwy., Ste. 300
Rowlett, TX 75088
Phone: (972) 412-1712
Fax: (972) 412-3916

15.2 miles

Integrity Urgent Care, Integrity Urgent Care
Urgent Care

5406 Wesley St.
Greenville, TX 75402
Phone: (903) 355-2110
Fax: (903) 355-2087

16.1 miles

Kevin Riney NP, Occupational Medicine Services PLUS
Nurse Practitioner

4801 Wesley Street
Greenville, TX 75401
Phone: (903) 869-0050
Fax: (903) 869-0051

16.5 miles

Kimberly Wagner NP, Occupational Medicine Services PLUS
Nurse Practitioner

4801 Wesley Street
Greenville, TX 75401
Phone: (903) 869-0050
Fax: (903) 869-0051

16.5 miles

Daniel Metzger DO, Terrell Urgent Care
Urgent Care, Family Medicine

104 Lee St.
Terrell, TX 75160
Phone: (972) 563-2911
Fax: (972) 563-2916

16.5 miles

Danja Maharrey NP, Terrell Urgent Care
Nurse Practitioner

104 Lee St.
Terrell, TX 75160
Phone: (972) 563-2911
Fax: (972) 563-2916

16.5 miles

Elizabeth Hasten PA, Terrell Urgent Care
Physician Assistant

104 Lee St.
Terrell, TX 75160
Phone: (972) 563-2911
Fax: (972) 563-2916

16.5 miles

Leah Honeycutt NP, Terrell Urgent Care
Nurse Practitioner

104 Lee St.
Terrell, TX 75160
Phone: (972) 563-2911
Fax: (972) 563-2916

16.5 miles

Lynzie Henry NP, Terrell Urgent Care
Nurse Practitioner

104 Lee St.
Terrell, TX 75160
Phone: (972) 563-2911
Fax: (972) 563-2916

16.5 miles

Wendy Howland NP, Terrell Urgent Care
Nurse Practitioner

104 Lee St.
Terrell, TX 75160
Phone: (972) 563-2911
Fax: (972) 563-2916

16.5 miles

Dee McCrary MD, Greenville Healthcare Associates
Family Medicine

4101 Wesley St., Ste. C
Greenville, TX 75401
Phone: (903) 454-8111
Fax: (903) 455-8001

16.7 miles

Howard Kweller MD, Greenville Healthcare Associates
General Practice

4101 Wesley St., Ste. C
Greenville, TX 75401
Phone: (903) 454-8111
Fax: (903) 455-8001

16.7 miles

Amy Parker PA, Care United Medical Center
Physician Assistant

375 N. FM 548, Ste. 100
Forney, TX 75126
Phone: (972) 564-0044
Fax: (972) 564-0054

17.2 miles

Hailey Hicks NP, Care United Medical Center
Nurse Practitioner

375 N. FM 548, Ste. 100
Forney, TX 75126
Phone: (972) 564-0044
Fax: (972) 564-0054

17.2 miles

Kirra Boyter PA, Care United Medical Center
Physician Assistant

375 N. FM 548, Ste. 100
Forney, TX 75126
Phone: (972) 564-0044
Fax: (972) 564-0054

17.2 miles

Shilpi Mittal MD, Care United Medical Center
Family Practice

375 N. FM 548, Ste. 100
Forney, TX 75126
Phone: (972) 564-0044
Fax: (972) 564-0054

17.2 miles

CareNow, CareNow
Urgent Care Clinic

670 W. Princeton Dr,, Ste. 400
Princeton, TX 75407
Phone: (972) 699-5250
Fax: (833) 641-2858

17.3 miles

CareNow, CareNow
Urgent Care Clinic

610 E. US Hwy. 80
Forney, TX 75126
Phone: (972) 552-6920
Fax: (972) 552-6925

17.3 miles

CareNow, CareNow
Urgent Care Clinic

5106 N. President George Bush Hwy.
Garland, TX 75040
Phone: (972) 530-1900
Fax: (972) 530-7400

17.7 miles

NextCare Urgent Care, Next Care Urgent Care dba Baylor Scott & White Urgent Care
Family Medicine, Occupational Medicine, Urgent Care Clinic

530 American Way
Terrell, TX 75160
Phone: (469) 501-1487
Fax: (469) 501-1521

17.7 miles

Integrity Urgent Care, Integrity Urgent Care
Urgent Care

1301 W. Princeton Dr., Ste. 103
Princeton, TX 75407
Phone: (972) 833-8053
Fax: (972) 692-3524

18 miles

NextCare Urgent Care, Next Care Urgent Care dba Baylor Scott & White Urgent Care
Family Medicine, Occupational Medicine, Urgent Care Clinic

5302 N. Garland Ave., Ste. 100
Garland, TX 75040
Phone: (972) 431-0692
Fax: (972) 431-0693

18 miles

CareNow, CareNow
MMI/IR Certified, Urgent Care Clinic

565 West I-30
Garland, TX 75043
Phone: (972) 303-3030
Fax: (972) 240-1223

18.1 miles

Integrity Urgent Care, Integrity Urgent Care
Urgent Care

415 S. FM 548, Ste. 180
Forney, TX 75126
Phone: (972) 521-6617
Fax: (972) 767-0209

18.1 miles

Andrew Goodman NP, Occumed Plus, Inc.
Nurse Practitioner

2046 Forest Ln., Ste. 180
Garland, TX 75042
Phone: (972) 494-1419
Fax: (972) 494-2069

19.5 miles

David McCoy NP, Occumed Plus, Inc.
Nurse Practitioner

2046 Forest Ln., Ste. 180
Garland, TX 75042
Phone: (972) 494-1419
Fax: (972) 494-2069

19.5 miles

Duy Troung NP, Occumed Plus, Inc.
Nurse Practitioner

2046 Forest Ln., Ste. 180
Garland, TX 75042
Phone: (972) 494-1419
Fax: (972) 494-2069

19.5 miles

Emmanuel Lopez Trujillo PA, Occumed Plus, Inc.
Physician Assistant

2046 Forest Ln., Ste. 180
Garland, TX 75042
Phone: (972) 494-1419
Fax: (972) 494-2069

19.5 miles

Kerry Inzer DO, Occumed Plus, Inc.
Family Medicine

2046 Forest Ln., Ste. 180
Garland, TX 75042
Phone: (972) 494-1419
Fax: (972) 494-2069

19.5 miles

Lauren Nguyen NP, Occumed Plus, Inc.
Nurse Practitioner

2046 Forest Ln., Ste. 180
Garland, TX 75042
Phone: (972) 494-1419
Fax: (972) 494-2069

19.5 miles

Luis Guajardo NP, Occumed Plus, Inc.
Nurse Practitioner

2046 Forest Ln., Ste. 180
Garland, TX 75042
Phone: (972) 494-1419
Fax: (972) 494-2069

19.5 miles

Ronel Layugan NP, Occumed Plus, Inc.
Nurse Practitioner

2046 Forest Ln., Ste. 180
Garland, TX 75042
Phone: (972) 494-1419
Fax: (972) 494-2069

19.5 miles

Tommy Weesner NP, Occumed Plus, Inc.
Nurse Practitioner

2046 Forest Ln., Ste. 180
Garland, TX 75042
Phone: (972) 494-1419
Fax: (972) 494-2069

19.5 miles

Yana Kim NP, Occumed Plus, Inc.
Nurse Practitioner

2046 Forest Ln., Ste. 180
Garland, TX 75042
Phone: (972) 494-1419
Fax: (972) 494-2069

19.5 miles

Concentra Medical Centers, Occupational Health Centers of the Southwest, P.A.
Occupational Medicine, Primary Care Clinic, Urgent Care Clinic

1900 Oates Dr., Ste. 100
Mesquite, TX 75150
Phone: (972) 698-7700
Fax: (972) 698-7702

19.7 miles

NextCare Urgent Care, Next Care Urgent Care dba Baylor Scott & White Urgent Care
Family Medicine, Occupational Medicine, Urgent Care

1280 N. Town East Blvd.
Mesquite, TX 75150
Phone: (972) 686-1880
Fax: (972) 686-5845

19.9 miles

OPTUM®
PO Box 152539
Tampa, FL 33684-2539

TASB™ RISK FUND

MAKING IT EASY...
TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:

If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.

If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.

Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?

1-866-599-5426

OPTUM®

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

TASB Risk Mgmt. Fund — CARRIER/TPA
Royse City ISD — EMPLOYER

INJURED WORKER NAME

Please provide directly to Pharmacist
SOCIAL SECURITY NUMBER — DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC		Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	TASBFF		

NOTE: *This First Fill card is only valid for your workers' compensation injury or illness.*

Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

tmesys®

IMP14-1813-37

OPTUM®
PO Box 152539
Tampa, FL 33684-2539

TASB™ RISK FUND

HACEMOS MÁS SENCILLO...

EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o su asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Empleado lesionado:

Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica bajo costo o sin costo alguno.

Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.

La mayoría de farmacias y todas las grandes cadenas de farmacias forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite tmesys.com.

¿Tiene alguna pregunta?
¿Necesita ayuda?

1-866-599-5426

OPTUM®

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

TASB Risk Mgmt. Fund — PORTADORA
Royse City ISD — EMPLEADOR

NOMBRE DEL TRABAJADOR LESIONADO

Por favor provea directamente al farmacéutico
NUMERO DE SEGURO SOCIAL — FECHA DE ALA LESION (AAMMDD)

Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC		Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	TASBF		

NOTA: *Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.*

Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

tmesys®

IMP14-1813-37

ROYSE CITY ISD
HUMAN RESOURCES

810 Old Greenville Rd
Royse City, TX 75189
972-636-2413

ROYSE CITY ISD WORKERS' COMPENSATION FORM
EMPLOYEE INFORMATION PACKET

General Information

The Royse City Independent School District provides workers' compensation benefits for employees who are injured at work. This benefit will cover only a work-related injury or illness, not other medical problems. Once a claim is reported and accepted by the RCISD workers' compensation program through the Texas Association of School Boards, Inc. (TASB), Administrators for the TASB Risk Management Fund, as compensable (eligible), your workers' compensation benefits begin. This is the only medical benefit you may use for treatment of your specific claim/injury, including medical examinations and medications. RCISD's workers' compensation program pays for healthcare reasonably required using evidence-based medicine in accordance with the Official Disability Guidelines (ODG) to treat a compensable injury. Workers' compensation claims should not be processed via personal health insurance.

Your RCISD employee health benefit plan will not cover any expenses for which an employee should be receiving workers' compensation benefits, and you cannot use your prescription card for medications related to your injury. All bills for the specific injury will go through TASB's workers' compensation program. A "first fill" prescription care will be provided immediately, and later you will receive a prescription card from TASB.

Workers' compensation benefits apply only if the claim is found to be compensable. If a claim is reported more than 30 days after it occurs, benefits may be denied or disputed if the employee does not report the injury.

Process for Workers' Compensation Claims

If you, as an employee of RCISD are injured at work, think the injury was caused by work, or a doctor tells you the injury/illness is work-related, the following steps must be taken:

1. Complete the *Employee Incident Report* immediately or within 24 hours, you must immediately report the incident to your campus secretary *and* your supervisor. The campus secretary will need to complete the First Report of Injury (FROI) at www.tasbrmf.org, and she will have a packet of forms that you will need to complete, making sure to indicate your choice of how you want payroll to handle your leave time on the leave election form. The option you mark may be amended later if you choose.
2. If required, you, as the injured worker should seek immediate medical attention after the injury. You, as the injured worker can go to any provider listed in the Alliance. This list is available online at www.pswca.org. If you do not have internet access call 800.482.7276 or contact your employer for a list. The doctor you choose will oversee the care you receive for your work-related injury. Within 60 days of the injury, the employee has the right to change treating doctors. The TASB adjuster can guide you in this process. Except for emergency care, you must obtain all health care and specialist referrals through your treating doctor. (If you are hurt at work and it is a life-threatening emergency, you should go to the nearest

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Royse City, TX 75189
972-636-2413

emergency room. If you are injured at work after normal business hours or while working outside your service area, you should go to the nearest care facility. After you receive emergency care, you may need ongoing care. You will need to select a treating doctor from the Alliance provider list.) 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 with 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.

3. If you receive any medical bills relating to your workers' compensation injury, the medical bills will need to be submitted immediately to TASB, you can send them to Carlissa Thomas, Workers' Compensation Specialist at carlissa.thomas@rcisd.org, she will send them to the appropriate person.
4. If you have any questions or need information relating to your claim you may contact your TASB claim adjuster or the RCISD WC Specialist, Carlissa Thomas, email: carlissa.thomas@rcisd.org, phone: (972) 636-2413 ext. 12109.
5. Per Workers' Compensation laws, TASB does not pay injured workers for the first seven days off work. However, you may choose to use your accrued leave time for the first seven days. If you choose not to use your accrued leave time, your pay will be docked for any time lost. If you are out 14 days, workers' compensation may retroactively pay the first 7 days of time lost. After the seventh day of absence, the workers' compensation program will pay approximately 70% of your average weekly wages earned. This is not a salary or a paycheck. This amount is called Temporary Income Benefits (TIBS).
6. For determining the amount of Temporary Income Benefits of a school district employee under Chapter 504, the average weekly wage is computed on the basis of wages earned in a week rather than on the basis of wages paid in a week. Temporary Income Benefits equal 70 percent of the difference between your average weekly wage and the wages you are able to earn after your work-related injury. (TIBS are subject to a maximum and minimum amount.)
7. It is your responsibility to keep track of lost time at work for the days or times used to treat the compensable injury and communicate that information in a timely manner to Carlissa Thomas at carlissa.thomas@rcisd.org.
8. Each time you go to the doctor you will receive a work status report DWC-73 form. You will need to provide a copy to Carlissa Thomas, Workers' Compensation Specialist, *after each visit*. If your treating doctor releases you to return to work with modified physical restrictions, you will be given a bona fide job offer letter listing any restrictions you are working under. If the accommodations cannot be made in your current position, your supervisor will offer an alternative temporary position if possible. If you decline to accept the terms of the letter, your temporary income benefits may be affected. An employee is required to have a Return to Work Release form from their attending physician in order to return to their full regular duties. For questions regarding return to work, contact Carlissa Thomas, WC Specialist, via email: carlissa.thomas@rcisd.org, or phone: (972) 636-2413 ext. 12109.

ROYSE CITY ISD
HUMAN RESOURCES

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KEY INFORMATION FOR EMPLOYEES

What is Workers' Compensation?

- Workers' compensation is a state-regulated insurance program that provides covered employees with income and medical benefits if they sustain a work-related injury or illness.
- Workers' compensation pays your medical bills and replaces a portion of your lost wages if you are injured at work or have a work-related Illness.

Who handles Your Workers' Compensation Claim?

Texas Association of School Boards, Inc. (TASB)
Administrators for the TASB Risk Management Fund
P.O. Box 2010, Austin, Texas 78768
Phone: (800) 482-7276 | tasbrmf.org

STEP 1: Select a Treating Doctor from the Alliance (you can choose a doctor from the following website: www.pswca.org)

1. When you go to the doctor you choose from the Alliance, you will need to take with you the Verification of Employment form signed by the administrator or other authorized personnel from your employer.

2. You will also be given a "first fill" prescription card in case the doctor prescribes medication for your injury. Take the card to your pharmacist and they should fill your prescription at low or no cost to you.

STEP 2: Your Medical Visit

1. Be sure to tell your doctor how you were injured, where you were injured, and what body part(s) you injured no matter how insignificant they may seem to you.

2. Discuss your job duties and responsibilities with your healthcare provider. Before leaving the healthcare provider's office, ensure you have a copy of your DWC-73 providing your 'abilities'. (You will need to provide a copy of this report to the school district's WC specialist. Please send to carlissa.thomas@rcisd.org)

3. If your doctor provided 'modified duties' which Is Box B on the DWC-73:
*Ensure you completely understand what you can and cannot do both at work and at home.
*Communicate the modified duties with your employer.
If your doctor provided 'no return to work' which is Box C on the DWC-73 or your employer cannot accommodate your modified duties:
*Communicate with your employer
*Communicate with your district's workers' compensation specialist and with the TASB claims adjuster assigned to your claim regarding lost time from work, both parties need to know when you are not working due to a work- related injury.

4. It is expected that you attend all scheduled medical appointments

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972-636-2413

STEP 3: Communicate with Your Employer

- Keep your employer informed about your recovery and abilities.

STEP 4: Communicate with Your Workers' Compensation Adjuster

- You will be contacted by an adjuster with the Texas Association of School Boards, Inc. upon receipt of your claim, and they will remain in contact with you throughout your claim. If you have not received a phone call, please contact them at the above number as soon as possible. Should you have any questions, issues, or concerns regarding your claim or how workers' compensation works, please contact your adjuster at TASB.

Keep your contacts handy:

My Supervisor/Manager:
Name:
Phone:
My TASB Claim Adjuster:
Name:
Phone: (800) 482-7276 Ext. _____
Date of Injury:
My Claim Number:

RCISD Workers' Compensation Specialist Contact:
Carlissa Thomas
972-636-2413 Ext. 12109
carlissa.thomas@rcisd.org

My treating doctor and/or referral doctor:
Name(s):
Phone:

For further questions, you may contact:
Carlissa Thomas, RCISD Workers' Compensation Specialist, at carlissa.thomas@rcisd.org or (972) 636-2413 ext. 12109.

ROYSE CITY ISD
HUMAN RESOURCES

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What is a Return to Work Program?

It is a plan set up by an employer so injured workers can return to work more quickly and safely while they heal – either with changes to their regular job or in a temporary, alternate work assignment.

Why would I want to be back at work before I am released to full duty?

In most cases, some work is better than no work. Your employer will benefit from your being able to help the company in some way, even if it is not in your regular job.

My doctor filled out Form DWC 73 at my last appointment. What is that?

The DWC 73, also called the work status report, is a form the doctor fills out to describe the parts of your job you can safely do – such as lifting, standing, and driving. A copy is given to you, your employer, and the insurance carrier.

What happens to my benefits if my doctor releases me to work with restrictions, but my employer does not have any modified or alternative work for me?

You will receive Temporary Income Benefits (TIBs) (as long as you qualify*) if the doctor releases you to return to work with restrictions, but the employer doesn't have a job that meets your medical restrictions. **You may be eligible for Temporary Income Benefits (TIBs) as long as you have a disability and have not reached Maximum Medical Improvement (MMI)*.

What exactly is a Bona Fide Offer of Employment?

It is an employer's letter offering modified or alternate work to an employee within medical restrictions.

What must be included in the Bona Fide Offer?

- A copy of the work status report (DWC 73) that the job offer is based upon.
- The location, schedule and pay for the job.
- The physical and time requirements of the position.
- A statement that the employer will only give tasks within the employee's physical abilities, knowledge, and skill, and will provide training if necessary.

What if my doctor says I can go back to work, but I don't think I can?

If your employer makes you a bona fide offer of employment, and you choose not to take the offer, it may affect any Temporary Income Benefits (TIBs) being paid.

What happens to my benefits if I go back to work?

If you are receiving TIBS, your weekly benefit check may be suspended while you are working, or reduced, depending on what actual wages you earn. If you return to work and later your doctor takes you back off work, your checks may be restored, if you are still eligible. **Your medical benefits continue for reasonable and necessary treatment related to the compensable injury*.

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. 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.

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.

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 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 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, 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.

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. La información sobre la recomendación de abogados también puede encontrarse en la página de Internet de OIEC en 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 o consultando al personal de OIEC.

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 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.

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.**