Important Information Regarding Workers' Compensation Claims under your Texas Mutual Insurance Company Policy

By law, all employers and injured workers have specific rights and responsibilities. We recommend that you review these and obtain any necessary forms at www.tdi.state.tx.us/wc/indexwc.html or call 800-252-7031. To avoid delays, all Workers' Compensation claims and bills should be submitted directly to Texas Mutual Insurance Company. Below are some general guidelines for your information:

Employer Responsibilities:

The employer is required to file an Employers' First Report of Injury or Illness (DWC Form-1) with Texas Mutual Insurance Company within 8 days after the worker's injury or notification of the workers' injury resulting in the employee's absence from work for more than one day. You must also provide a copy to the injured worker or worker's representative along with "Notice of Injured Employee Rights and Responsibilities".

**** The fastest way to report a WC claim is to call Texas Mutual at (800) 892-5246. ****

You can also report a WC claim by email, online, fax or mail. Report your WC claim by emailing the completed DWC Form-1 to claims@texasmutual.com, Complete the DWC Form-1 Online at: www.texasmutual.com, Fax the DWC Form-1 to (877) 404-7999 or mail the DWC Form-1 to Texas Mutual Insurance Company, P.O. Box 12029, Austin, TX 78711-2029.

Injured Worker Responsibilities:

The injured worker must report the injury to the employer within 30 days of the date of injury.

The injured worker must choose a treating doctor and must know if they are participating in a Workers' Compensation Health Care Network. If so, they should choose a doctor from the network's treating doctor list. If not, they should choose a doctor from the Approved Doctor List kept by the Division of Workers' Compensation.

The injured worker must inform the doctor how he was injured and that it is work-related and covered by Workers' Compensation coverage to avoid being held financially responsible.

The injured worker is required to file an Employee's Claim for Compensation for a Work-Related Injury or Occupational Disease (DWC Form-041) with the Texas Department of Insurance Division of Workers' Compensation within one year of the injury.

Please Note:

Health care providers are required by state law to submit medical bills to the company within 95 days from the date of service. A health care provider may not bill you for treatment of a work-related injury or illness that is covered by Workers' Compensation. If you receive any medical bills from a health care provider, you should immediately contact them and provide them with the information regarding your Workers' Compensation policy. The injured worker and the employer should NOT pay any medical bills. If you do, you must request reimbursement from the company within 14 days and you may not be reimbursed for the entire amount.

Please contact us at (800) 252-9435 if you have any problems or need any assistance on your claim.

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