ALDINE ISD FIRST REPORT OF INJURY OR ILLNESS / Reporte de Accidente y Enfermedad

Within 24 Hours of Injury, Email (password protect file) or Fax a copy of the report to AISD Risk Management

(Dentro de 24 horas del accidente, envie este reporte por email o fax al departamento de administración de riesgos)

Email: riskmanagement@aldineisd.org / Fax: 713-895-8580

I. Employee Information/ Informacion del Empleado

1. Name (Last, First, MI)/Nombre (Apellido, Primer Nombre, Inicial) _____
2. Last Five Digits of Aldine ID # /Cinco últimos dígitos del ID de Aldine_____ 3. Date Hired /Fecha de Empleo _____
4. Date of Birth / Fecha de Nacimiento_____ 5. Sex/Sexo ☐ M ☐ F
6. Home Address_____ 7. Phone (_____)_____

   City, State, Zip Code_____
8. Marital Status / Estado Matrimonial ☐ Single, Divorced / Soltero ☐ Married/Casado ☐ Separated/Separado
9. # of Dependents / Numero de Dependientes _____ 10. Occupation, Job Title / Posicion de Empleo _____

II. Accident Information/ Informacion del Accidente

1. Time Began Work/Empezo a Trabajar_____ A.M. / P.M. 2. Date of Injury/Fecha de Accidente_____
3. Type of Injury (e.g., fall, cut, contusion, strain) /Lastimadura (caida, cortada, contusion, torcido)_____
4. Time of Accident/Hora del Accidente_____ A.M. / P.M. 5. Last Work Date/Ultimo Dia de Trabajo_____
6. Date Employer Notified/ Feche Que Notifico Su Supervisor _____
7. Date Absence Began/Primera Fecha de Ausencia_____

   Date Returned to Work/Fecha que Regreso al Trabajo _____
8. Part of Body Affected (e.g., right leg, left forearm, lower back) / Parte del cuerpo afectado (mano derecha, pierna izquierda, parte mas bajo de la espalda)_____
9. Did injury occur on employer's premises? Ocurrio el accidente en propiedad del districto ☐ Yes ☐ No
10. Campus or Location Where Injury Occurred / Escuela o Lugar Donde Ocurrio _____
11. Phone (_____)_____
13. Address _____
14. Department or Room where accident occurred (e.g., classroom, office, cafeteria) / Departamento o cuarto donde ocurrio el accidente (salon de instruccion, oficina, cafeteria)_____
15. All equipment, materials, or chemicals employee was using when accident occurred/Equipo, materiales, herramienta o quimicos el empleado uso cuando se lastimo_____
16. Describe in detail the activity the employee was engaged in and **how the accident occurred** (e.g., walking in cafeteria and slipped in liquid then fell to knees) /Describe en detalle la actividad que el empleado hacia cuando se lastimo (caminando en la cafetería cuando me resbale en liquido y me cai a mis rodillas) _____

    _____
17. Were Safeguards or Safety Equipment Provided? Hay desponible salvaguardias y equipo de seguridad/precaucion? ☐ Yes ☐ No
18. Were They Used? Fueron Usados? ☐ Yes ☐ No

III. Assault/Asalto

Were you physically assaulted? Sufrio un asalto fisico? ☐ Yes ☐ No

If yes, do you wish to request assault leave for absences that are medically certified as necessary? Si la respuesta es afirmativa, ¿desea solicitar permiso de ausencia (médicamente certificada como necesario) por el asalto? ☐ Yes ☐ No

IV. Witnesses' Names/ Nombres de Espectadores _____

V. Medical Treatment /Tratamiento Medico ☐ No Treatment ☐ Minor by Employer ☐ Dr/ Clinic ☐ Emergency

VI. Doctor Selection / *Eleccion de Medico* Find a Doctor / Encuentre un médico: www.texasmutual.com

Non-urgent medical treatment for work related injuries must be obtained from doctors found in the WorkWell, TX health care network. The network can be found on the Texas Mutual Insurance Company's website: www.texasmutual.com. Urgent care does not require use of a WorkWell, TX health care network provider. In case of emergency proceed to the nearest emergency facility.

El tratamiento médico no urgente para lesiones relacionadas con el trabajo debe obtenerse de médicos que se encuentren en la red de atención médica de WorkWell, TX. La red se puede encontrar en el sitio web de Texas Mutual Insurance Company: www.texasmutual.com. La atención de urgencia no requiere el uso de un proveedor de la red de atención médica de WorkWell, TX. En caso de emergencia, diríjase al centro de emergencia más cercano.

Additional Information/Información Adicional:

1.I have received information that informs me how to get health care under my employer's workers' compensation insurance. If I am hurt on the job and live in a service area described in this packet, I understand that: Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment. I must choose a treating doctor from the list of doctors in theWorkWell, TX network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company/WorkWell at (844) 867-2338 to notify them of my choice. 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 to a specialist. If I need emergency care, I may go anywhere. Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury. I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

2. Employees may change treating doctors one time without approval. The third choice requires approval from Texas MutualInsurance.

3. Accrued paid leave/pay is not reduced if an employee seeks medical treatment on the day of injury.

1. He recibido información que me indica cómo puedo obtener servicios médicos bajo el seguro de compensación para trabajadores de mi empleador. Si sufro una lesión en el trabajo y vivo dentro del área de servicio que se indica en este paquete, comprendo que debo hacer lo siguiente: La presentación intencional de reclamaciones falsas de compensación para trabajadores puede derivar en una investigación penal y tener como consecuencia sanciones penales, como multas y encarcelamiento. Debo elegir a un médico de tratamiento de la lista de médicos de la red de WorkWell, TX.. O bien, puedo solicitor al médico de cabecera de mi HMO que acepte actuar como médico de tratamiento. Si elijo como médico de tratamiento a mi médico de cabecera en la HMO, llamaré a Texas Mutual InsuranceCompany/WorkWell al (844) 867-2338 para notificar mi elección. Debo dirigirme al médico de tratamiento para todos los servicios médicos relacionados con mi lesión. Si necesito un especialista, el médico de tratamiento hará la derivación. Si necesito atención de emergencia, puedo dirigirme a cualquier lugar. Texas Mutual abonará al médico de tratamiento y a otros proveedores de la red por el tratamiento de mi lesión susceptible de compensación. Si recibo atención médica de un médico no perteneciente a la red, sin la aprobación previa de esta, es posible que tenga que pagar los costos. La presentación intencional de reclamaciones falsas de compensación para trabajadores puede derivar en una investigación penal y tener como consecuencia sanciones penales, como multas y encarcelamiento.

2. Empleados pueden cambiar médicos una vez sin aprobación. La tercera opción require la aprobación de Texas Mutual Insurance Company.

3. Días de licencia acumulados/el pago no se reduce si un empleado busca tratamiento médico en el día de la lesion.

VII. Signatures/ Firmas

My signature verifies that I sustained a work related injury and that I have accurately relayed the events as they occurred. My signature also confirms that I understand that I must choose a physician from the WorkWell, TX health care network directory for non-urgent medical care. I confirm that I have received the Injured Employee Packet and understand its contents.

Mi firma establece que me accidente en el trabajo y que e escrito la verdad sobre mi accidente. Tambien establece que yo comprendo que necesito escoger un doctor de WorkWell, TX health care network para tratamiento medico cuando no hay emergencia. Confirmo que he recibido el Paquete de Empleados Lesionados y comprendo su contenido.

Print form, sign and date.

Employee: _____ **Date** _____

Supervisor: _____ **Date** _____

VIII. Notes from Nurse / Notas de la Enfermera:

IX. Contact Information

1. **Aldine ISD**

Phone: 281.985.7171 Fax: 713-895-8580
Email: riskmanagement@aldineisd.org
Address: 2520 W.W. Thorne Dr. Houston, TX 77073

2. **Texas Mutual Insurance Company,** insurance provider

Phone: 800.859.5995 Fax: 512.224.3889

Address: P.O. Box 12029 Austin, Texas 78711

Submit claim and medical billing information to Texas Mutual Insurance Company:

- eBill Information: Jopari Solutions Phone: 866.269.0554
  website: www.jopari.com
  Texas Mutual's Payer ID: 22945

- Pre-Authorization: urreferrals@genexservices.com Phone: 800.844.4235 Fax: 855.287.4028

3. **Division of Workers' Compensation of TDI,** https://www.tdi.texas.gov/wc

Phone: 800-252-7031, option 1
Address: 350 N. Sam Houston Pkwy. E. Ste. 110 B Houston, TX 77060-331

4. **Find a Doctor:** www.texasmutual.com

Phone: 844.867.2338 (WorkWell Texas)

ALDINE INDEPENDENT SCHOOL DISTRICT

2520 W. W. Thorne Blvd. - Houston, Texas 77073 - Telephone (281) 985-7171 - Facsimile (713) 895-8580

PAID LEAVE ELECTION FORM FOR ABSENCES DUE TO WORK RELATED INJURY/ ILLNESS

Last Name_____ First Name_____ Middle Initial _____

Job Title_____ Last Five Digits of Aldine ID # _____

Campus / Department_____ Date of Injury _____

INFORMATION:

Workers' Compensation generally pays 70% of an employee's average weekly wage (AWW) up to a maximum set by the state of Texas. The AWW is calculated based on wages earned, not wages paid. The maximum is changed annually by the TDI Division of Workers' Compensation (DWC). For more information please visit the Division of Workers' Compensation website:

http://www.tdi.texas.gov/wc/employee/maxminbens.html

You may elect to use district benefits (accrued paid leave) for the first week of absence as no income payments are made through workers' compensation until the 8th calendar day of absence. Additionally, from the 8th calendar day forward, you may elect to have district benefits paid in lieu of workers' compensation temporary income benefits. Based on the election made below, this form directs the district to either pay or not pay your accrued paid leave during your absence. Please make an election, sign, date and submit this form to your supervisor. **Completed Paid Leave Election forms are to be faxed or emailed to the Risk Management Department.** If you have questions, please contact the Risk Management Department.

Important Notes:

- Your regular salary payments from Aldine Independent School District will stop after you have exhausted all elected accrued paid leave. When you return to work and AISD pay resumes, future paychecks may vary through the end of your school calendar year. Please contact the Payroll Department for information related to how accrued paid leave elections affect AISD pay.
- If you have payroll deducted benefits, loans or other obligations and you are not receiving an Aldine ISD paycheck, you must make payment arrangements with each organization. To pay for Aldine ISD insurance premiums, please call the Benefits Department.
- Concurrent Use of Leave: An absence due to a work-related injury or illness shall be designated as FMLA leave, temporary disability leave, and/or assault leave, as applicable. Please contact the Benefits Department for information related to FMLA leave and temporary disability leave.
- Disability insurance coordinates with workers' compensation income benefits and paid leave. Please review your policy. Contact the Benefits department with questions regarding your disability.
- Workers' compensation temporary income benefits cease during most unpaid scheduled breaks as AISD wages are not earned or lost.

ELECTION: I will be absent from duty because of a job-related illness or injury. I understand that, in accordance with DWC rules, I am not eligible for workers' compensation weekly temporary income benefits until my absence exceeds seven calendar days. I choose the following option:

PAID LEAVE ELECTION FORM FOR ABSENCES DUE TO WORK RELATED INJURY/ ILLNESS CONTINUED (2 of 2)

☐ **I choose to use accrued paid leave for the first week of absence.**

In accordance with DWC rules, worker's compensation temporary income benefits will begin on the 8th calendar day (second week) of absence. I understand that I will not receive any regular salary payments from Aldine Independent School District after I have exhausted all requested paid leave and that, upon my return to work, future AISD paychecks may be reduced through the end of my school calendar year. I acknowledge that the Payroll department can provide information related to my AISD pay prior to making this election. I comprehend that I cannot elect to receive both regular salary payments from Aldine Independent School District and temporary income benefits under workers' compensation for the same dates of absence.

☐ **I choose to use_____days of available accrued paid leave at this time.**

I understand that I will not receive workers' compensation temporary income benefits until I have exhausted all requested paid leave (or to the extent that paid leave does not equal my pre-illness or pre-injury wage). I understand that I will not receive any regular salary payments from Aldine Independent School District after I have exhausted all requested paid leave and that, upon my return to work, future AISD paychecks may be reduced through the end of my school calendar year. I acknowledge that the Payroll department can provide information related to my AISD pay prior to making this election. I comprehend that I cannot elect to receive both regular salary payments from Aldine Independent School District and temporary income benefits under workers' compensation for the same dates of absence.

☐ **I choose to use all available accrued paid leave.**

I understand that I will not receive workers' compensation temporary income benefits until I have exhausted all of my available paid leave (or to the extent that paid leave does not equal my pre-illness or pre-injury wage). I understand that I will not receive any regular salary payments from Aldine Independent School District after I have exhausted all requested paid leave and that, upon my return to work, future AISD paychecks may be reduced through the end of my school calendar year. I acknowledge that the Payroll department can provide information related to my AISD pay prior to making this election. I comprehend that I cannot elect to receive both regular salary payments from Aldine Independent School District and temporary income benefits under workers' compensation for the same dates of absence.

☐ **I choose not to use any available accrued paid leave at this time.**

I understand that I will not receive any regular salary payments from Aldine Independent School District and that, upon my return to work, future AISD paychecks may be reduced through the end of my school calendar year. I acknowledge that the Payroll department can provide information related to my AISD pay prior to making this election. No available accrued paid leave will be deducted from my leave balance. I further understand that by selecting this option, I will only receive workers' compensation wage benefits beginning on the 8th day of absence resulting from my work-related illness or injury, unless and until I communicate to the district a change of my decision in writing. I comprehend that I cannot elect to receive both regular salary payments from Aldine Independent School District and temporary income benefits under workers' compensation for the same dates of absence.

_____ _____

Employee signature Date

CONTACT INFORMATION:

Aldine ISD – Risk Management		**Insurance Company**
Risk Management Specialist	281-985-7171	Texas Mutual Insurance Company
Fax	713-895-8580	1-800-859-5995
Aldine ISD – Payroll	281-985-6235	**Division of Workers' Compensation**
		http://www.tdi.texas.gov/wc/
Aldine ISD – Benefits	281-985-6226	

First Fill

Simplifying the prescription process and helping workers take the first step toward getting well

Texas Mutual's First Fill Program enables your employees to get prescribed medication quickly after an injury occurs, even if you haven't had the opportunity to file a claim. Injured workers can get a seven-day supply for each covered prescription with a maximum of $500 per prescription with just the First Fill form.

Complete the First Fill form on the back of this sheet and advise your employee to present it at a participating Optum pharmacy.

The form is valid for the first fill and cannot be used if the first prescription fill is being requested more than 10 days after the injury occurred.

If additional forms are needed, visit the employer forms section at texasmutual.com.



TexasMutual®
WORKERS' COMPENSATION INSURANCE
WORK SAFE, TEXAS®



texasmutual.com

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Prescription First Fill Form

Prescription First Fill Instructions

1. Participating Optum pharmacies include Walgreens, CVS, Walmart, Kroger, Target, Costco, Sam's Club, Brookshire, HEB and Tom Thumb. To locate other participating pharmacies, visit texasmutual.com/hcn.
2. Complete the form and take to the pharmacy along with your prescription from the provider.
3. This form allows you to fill your initial prescription(s) with a maximum cost of $500 per covered prescription and a maximum seven day supply.
4. If you have questions, please call us at **(866) 599-5426**, available 24 hours a day, seven days a week.

Bin #: 004261 **PCN#:** CAL **Group Number:** TXSMFF

Member ID:		Date of injury + SSN combined as follows: YYMMDD123456789
Member Name:		Injured worker's first and last name
Employer Name:	ALDINE ISD	
Date of Injury:		

Pharmacy Help Desk: **(800) 964-2531**

PLEASE NOTE: This form is only **valid within 10 days** of the injury date. Once your claim has been reviewed, you will be sent a new card in the mail. If you do not receive a pharmacy card, please call us **at (866) 599-5426**.

Issuance of this letter or dispensing of a prescription does not constitute acceptance of your claim.

Primer Llenado

Simplificando el proceso de recetas médicas y ayudando a los trabajadores a dar el primer paso hacia la recuperación



El programa de Primer Llenado de Texas Mutual les permite a sus empleados obtener recetas médicas rápidamente después de que ocurre una lesión, aun cuando usted no haya tenido la oportunidad de presentar un reclamo. Los trabajadores lesionados pueden obtener un suministro de siete días para cada receta cubierta por un máximo de $500 por receta con solo el formulario de Primer Llenado.

Complete el formulario de Primer Llenado en la parte de atrás de esta hoja e informe a su trabajador que debe presentarlo en una farmacia Optum participante.

Este formulario es válido para el primer llenado y no puede ser utilizado si el primer llenado de la receta médica se solicita más de 10 días después de que ocurrió la lesión.

Si necesita formularios adicionales, visite la sección de formularios del empleador en texasmutual.com.

Llene el formulario para comenzar

TexasMutual®
WORKERS' COMPENSATION INSURANCE
WORK SAFE, TEXAS®



texasmutual.com

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Formulario para recetas del Primer Llenado

Instrucciones para recetas del Primer Llenado

1. Las farmacias Optum participantes incluyen Walgreens, CVS, Walmart, Kroger, Target, Costco, Sam's Club, Brookshire, HEB y Tom Thumb. Para localizar otras farmacias participantes, visite texasmutual.com/hcn.
2. Complete el formulario y llévelo a la farmacia junto con su receta del proveedor.
3. Este formulario le permite llenar su receta(es) inicial(es) por un costo máximo de $500 por receta cubierta y un suministro máximo de siete días.
4. Si usted tiene preguntas, por favor llámenos al **(866) 599-5426**, disponible las 24 horas del día, siete días a la semana.

Bin #: **004261** **PCN#:** **CAL** **Número de grupo:** **TXSMFF**

Identificación del miembro:		Fecha de la lesión + SSN combinados se ven así: AAMMDD123456789
Nombre del miembro:		Primer nombre y apellido del trabajador lesionado
Nombre del empleador:	Aldine ISD	
Fecha de la lesión:		

Servicio de asistencia para farmacias: **(800) 964-2531**

POR FAVOR TENGA EN CUENTA: Este formulario solamente es **válido dentro de los primeros 10 días** de la fecha de la lesión. Una vez que su reclamo ha sido revisado, se le enviará una tarjeta en el correo. Si usted no recibe una tarjeta de farmacia, por favor, llámenos **al (866) 599-5426.**

La emisión de esta carta o dispensación de una receta no constituye la aceptación de su reclamo.

ALDINE INDEPENDENT SCHOOL DISTRICT
2520 W. W. Thorne Blvd.
HOUSTON, TEXAS 77073
Telephone (281) 985-7171 Facsimile (713) 895-8580

Dear Valued Employee:

Enclosed is a packet for employees who have been injured while at work. The packet contains required forms and important information for you to understand the workers' compensation process. Please note that the checklist will be very helpful.

The forms in this packet can also be found in the Risk Management/Workers' Compensation section of e-portal.

Keep in mind that Aldine ISD will make every reasonable effort to provide *temporary* suitable return to work opportunities for every employee who is unable to perform his/her regular duties following a work-related injury/illness. This may include temporarily modifying the employee's regular job or, if available, providing temporary alternate work depending on the employee's physical capabilities. Only work that is meaningful and productive will be considered. The principal of your school, or the director of your department, will extend a bona fide offer of modified duty if a temporary assignment is available. Discuss return to work options with your principal/director.

Modified duty assignments are intended to fulfill a *temporary* need and shall be extended for a period of *up to* four (4) weeks. If an employee cannot return to regular duty within this timeframe, recovery shall be completed at home.

Having an Early Return to Work (ERTW) program does not obligate Aldine to create unnecessary work or to return an injured worker if there is no appropriate productive work available. Aldine will make every reasonable effort to provide meaningful productive work that accommodates the injured workers' medical abilities.

We are here to assist you. Please call if you need guidance.

Aldine ISD extends heartfelt wishes for your prompt and full recovery.

Best Regards,

Abigale Garcia
Executive Director of Business Services

ALDINE INDEPENDENT SCHOOL DISTRICT

Workers' Compensation Checklist
For
Injured Employee

I. When an Accident Occurs

☐ See the school nurse for initial medical treatment and to obtain the injured employee packet

☐ Notify your Principal/Supervisor about your injury

☐ Complete the **Aldine ISD First Report of Injury** within 24 hours of accident/illness. Return the completed report to your Principal/Supervisor or otherwise designated person.

☐ Read **AISD Injured Employee Responsibilities**

☐ Read **Procedures for Reporting a Work Related Injury**

☐ Read TRS 22W Information, Workers' Compensation and TRS Members

II. If You Seek Medical Treatment

☐ Give your doctor a copy of your **Aldine ISD First Report of Injury or Illness**

☐ After each doctor's appointment you will receive a Texas Workers' Compensation Work Status Report (DWC73) from your physician. Submit a copy of the DWC73 to your Principal / Director and to the Aldine ISD Risk Management Department within one (1) business day of receipt.

III. If You are Absent

☐ Read and complete the **Paid Leave Election Form**

☐ Continually communicate with your Principal/Director and the Aldine ISD Risk Management Department regarding medical appointments and work status

☐ Report all absences to your Principal/Director, the Aldine ISD Risk Management Specialist and, if necessary, to AESOP/Frontline.

IV. If you are able to Return to Work

☐ If medical restrictions apply and you are offered temporary accommodations, you must sign a *Bona Fide Offer of Modified Duty* letter prior to returning to work. Your Principal/Director will issue the letter to you.

If you have been released to return to work without restrictions (full duty), immediately present the DWC73 to your Principal/Director.

The Aldine ISD Risk Management Department must be informed of your return to work dates.

V. Aldine ISD Risk Management Department: riskmanagement@aldineisd.org Phone: 281-985-7171

PROCEDURES FOR REPORTING A WORK RELATED INJURY

1. Report all work related injuries to your Principal/Supervisor immediately.

2. See the school nurse for initial medical treatment.

3. Complete an Aldine I.S.D. First Report of Injury or Illness (FROI). The FROI must be signed by your Principal/Supervisor. If the injured employee is not capable of completing the report because they have been transported for emergency care, the nurse may take the information over the phone at a later time.

4. The FROI must be faxed or emailed to Risk Management, **within 24 hours of injury.**

5. If you seek medical attention, you must select a physician from the WorkWell, TX health care network.

   For complete details, please refer to the WorkWell, TX Notice of Network Requirements document which can be found within this packet.

6. After your visit, the physician will give you the Texas Workers' Compensation Work Status Report (DWC73). This report must be provided to your Principal/Director and to the AISD Risk Management Specialist administering your claim. The DWC73 is the form in which your doctor indicates whether or not you are permitted to return to work.

7. **Emergencies**
   Call 911 for all severe and/or life-threatening injuries. All ambulances, emergency rooms and urgent care clinics are covered for compensable claims. Emergency care does not require pre-approval. Seek treatment at the nearest medical facility.

8. If you have payroll deducted benefits, loans or other obligations and you are not receiving an Aldine ISD paycheck, you must make payment arrangements with each organization. To pay for Aldine ISD insurance premiums, please call the Benefits department.

9. Workers' compensation rules instruct insurance companies to pay the first week of temporary income benefits *after* the second week of absence. The TDI Division of Workers' Compensation allows the use of accumulated employer benefits for the first week of absence due to a work related injury. Therefore, if elected, the first five days of absence will be paid through the Aldine ISD payroll system if you have accrued paid leave available. The Paid Leave Election form must be signed in order to receive payment of your accrued days.

   Elections may also be made for the use of accrued paid leave in lieu of workers' compensation income benefits beyond the first week of absence. This election must also be made on the Paid Leave Election Form.

   Please refer to the Paid Leave Election Form for more details on how to elect the use of accrued paid leave.

10. Workers' Compensation generally pays temporary income benefits equal to 70% of an employee's average weekly wage (AWW) up to a maximum set by the state of Texas. The AWW is calculated based on wages earned, not wages paid. For information on maximum and minimum temporary income benefits (applicable by date of injury) please visit the Division of Workers' Compensation website.

    Note that workers' compensation income benefits cease during most unpaid scheduled breaks as AISD wages are not earned or lost.

11. **Dates of absence and return to work affect your claim, AISD paychecks and various forms of leave.** Report all absences, including partial days of missed work, to your Principal/Director and to the AISD Risk Management Specialist. Such absences include, but are not limited to, medical appointments, physical therapy and other injury/illness related time away from work. Medical certifications (DWC73s, doctor's notes, physical therapy session attendance notes, documentation for other medical appointments, etc.) which support the absences should be given to your Principal/Director and to the AISD Risk Management Specialist.

    When released from the doctor to return to work, you must meet with your Principal/Director and submit a copy of the Division of Workers' Compensation Work Status Report, DWC73. A determination will be made as to whether or not you are able to perform productive work. Your Principal/ Director will discuss return to work options, if any. Once your work status has been determined, you must communicate your status with the Risk Management Specialist.

12. **Important Notes:** 1) In most cases, your Aldine ISD pay will stop if you receive workers' compensation temporary income benefits. When you return to work and AISD pay resumes, future paychecks may be reduced through the end of your school calendar year. Please contact the Payroll Department for information related to AISD pay. 2) Concurrent Use of Leave: An absence due to a work-related injury or illness shall be designated as FMLA leave, temporary disability leave, and/or assault leave, as applicable. Please contact the Benefits Department for information related to FMLA leave and temporary disability leave.

CONTACT INFORMATION:

Aldine ISD

Risk Management

Phone	281-985-7171
Fax	713-895-8580
Email	riskmanagement@aldineisd.org

Payroll 281-985-6235

Benefits 281-985-6226

Insurance and Health Care Network

Texas Mutual Insurance Company
1-800-859-5995

WorkWell, TX Healthcare Network
www.texasmutual.com

844-867-2338

Division of Workers' Compensation

www.tdi.texas.gov/wc/
www.tdi.texas.gov/wc/employee/maxminbens.html

RESPONSIBILITIES

Injured Employee

- Knows and follows safety policies and procedures;
- Reports injury immediately to Principal/Supervisor;
- Completes all applicable paperwork found in the injured employee packet ASAP;
- Reads and follows instructions and procedures found in the injured employee packet;
- Follows campus rules and practices;
- Maintains contact with Principal/Director;
- Provides regular updates on work status to Principal/Director and Aldine ISD's Risk Management, at least weekly;
- Reports all absences, including partial days of missed work, to Principal/Director and Aldine ISD's Risk Management Specialist;
- Provides all medical certifications (doctor's notes, physical therapy session attendance notes, etc.) to Principal/Director and Aldine ISD's Risk Management Specialist for each appointment attended;
- Notifies supervisor and the Risk Management Specialist if work status changes (start or stop work);
- Returns to modified duty, if any, that is within medical restrictions as stipulated by doctor; and
- Follows doctor's orders and restrictions at home and at work.

Principal/Supervisor

- Conducts investigation and takes action to correct any hazards;
- Informs employee of campus work rules and practices;
- Maintains contact with the injured employee and the district's Risk Management department; and
- If appropriate and available, make every effort to extend a bona fide offer of modified duty to the injured employee within medical restrictions;

Risk Management Specialist

- Processes claims and forms and submits to the injured employee, the Principal/Director and/or the district's insurance company, as necessary;
- Informs the injured employee of their rights and responsibilities under Texas Workers' Compensation; and
- Assists injured employees, Principals/Director and the insurance company with claims and the claims process.

Insurance Carrier

- Ensures proper administration of all workers' compensation claims;
- Maintains communication with the injured employee, health care providers, and the employer;
- Encourages and actively assists injured workers in the successful return to work.

Health Care Provider

- Provides appropriate, effective medical treatment that facilitates recovery and expedites return to productive work; and
- Completes and files the Texas Workers' Compensation Work Status Report (DWC73) as required, clearly indicating the employee's work status and physical capabilities.
- Sets reasonable return to work and recovery goals from the beginning of treatment.
- Works with the district to encourage appropriate return to work opportunities.

Obtain fillable form at: https://www.trs.texas.gov/TRS%20Documents/form_22w.pdf

Verification of Workers' Compensation Payments

TRS22W (09-16)

1000 Red River Street
Austin, TX 78701-2698
(800) 223-8778
www.trs.texas.gov

Name _____ TRS Participant ID or Social Security Number _____

Address _____

TRS MEMBER: This form is to be completed and signed by the current TRS reporting official or other appropriate official of the Texas public educational institution that paid the salary being verified. After the form has been completed and signed by the reporting official, **you must sign where indicated on the reverse side of this form**, before sending the form to the Teacher Retirement System of Texas (TRS). See additional instructions on the reverse side of this form.

REPORTING OFFICIAL: You must include all information requested in all columns below. Use one form for each school year in which the member received workers' compensation payments. **Return this form to the member after completion. Do not return this form to TRS.** See additional instructions the on reverse side of this form.

School Year	Month	Amount of Salary actually paid and reported to TRS each month	Number of days worked or on paid leave	Amount of workers' compensation paid to member each month	Salary member would have earned had no injury occurred
	September				
	October				
	November				
	December				
	January				
	February				
	March				
	April				
	May				
	June				
	July				
	August				
Daily Rate of Pay: _____					

CERTIFICATION OF REPORTING OFFICIAL: I certify that records created at or near the time of service in my office show that the person named on this form was paid the salary shown on this form by this reporting entity and was paid the workers' compensation payments listed on this form and show that all information provided on this form is true and correct. I further certify that I am currently employed by the TRS-covered public educational institution named below. The public educational institution agrees to produce records used to verify the service and salary reported on this form to TRS upon request as required under Sections 825.403 and 825.505 of the Texas Government Code.

_____	_____	_____
Signature of Reporting Official	Title of Reporting Official	Date
_____	_____	_____
Printed Name of Reporting Official	Name of Texas Public Educational Institution	Phone Number

NOTARIZATION OF REPORTING OFFICIAL SIGNATURE

STATE OF _____ COUNTY OF _____

Before me, a notary public, on _____ (date) personally appeared _____(reporting official) known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein are true and correct.

GIVEN under my hand and official seal this the _____ day of _____ (Month), _____ (Year). (SEAL)

Verification of Workers' Compensation Payments

TRS22W (09-16)

1000 Red River Street
Austin, TX 78701-2698
(800) 223-8778
www.trs.texas.gov

INSTRUCTIONS FOR MEMBER

Workers' compensation payments may be considered to determine creditable service and/or creditable compensation. Take this form to the Texas public educational institution where you rendered service and received the workers' compensation payments being verified for completion and certification by the reporting official. After the reporting official has completed all information, sign below and return this form to TRS. TRS will determine, based on the information provided by the reporting official and applicable laws and rules, whether creditable service and/or creditable compensation is indicated. If TRS determines that the employment and/or compensation is eligible for TRS credit, TRS will send you a cost statement for the amount due. **All deposits and fees due for each year of service credit that you wish to purchase must be paid in full before this service or compensation can be used in the determination of your eligibility for benefits and in the calculation of your benefits.** The cost increases each year the amount due remains unpaid.

All workers' compensation paid prior to September 1, 2011 must be verified no later than September 1, 2016. Beginning with workers' compensation paid on or after September 1, 2011, verification must be received by TRS no later than five years after the end of the school year in which the workers' compensation was paid. Workers' compensation that is not verified within the required timeframe will not be eligible for purchase and cannot be used in determining eligibility for or the calculation of any benefits. Verification of workers' compensation cannot be accepted after you have retired and TRS has issued your first retirement annuity payment.

If workers' compensation is verified to TRS no later than the end of the school year following the school year in which it is paid, member contributions on the workers' compensation paid are required to establish the compensation and service credit associated with the workers' compensation. The member contributions on the workers' compensation must be paid in full in a lump sum payment by the end of the school year following the year in which the workers' compensation payment was received. If payment in full is not received by this deadline, the cost will be recalculated to the actuarial present value. This may result in a substantial increase in cost.

I have read the "Instructions for Member" and understand that, ***if TRS approves creditable service and /or compensation based on workers' compensation payments that I have received, I will be required to pay any deposits and fees that are due if I want to have this service or compensation included in the determination of my eligibility for benefits and in the calculation of my benefits.*** I also understand that it is the decision of TRS whether my service or compensation is eligible for TRS credit.

Signature _____ Date _____

INSTRUCTIONS FOR REPORTING OFFICIAL

All information on the front side of this form must be completed, including the "Certification of Reporting Official." This form must be completed and signed by the current TRS reporting official of the Texas public educational institution where the member's service was rendered and the workers' compensation payments were made, or by the public educational institution's payroll manager, payroll supervisor, financial officer, or superintendent. TRS may not accept the form if it is not signed by an appropriate official. **This form is to be used only to verify workers' compensation payments.**

Sections 825.403 and 825.505 of the Texas Government Code grant TRS the right to audit records used for documentation of service and salary. By completing this form and signing the "Certification of Reporting Official," you agree to produce the records used to complete this form upon TRS's request.

Verification must be made on records created at or near the time of service. An affidavit based on memory is not sufficient.

RETURN THIS COMPLETED FORM TO THE MEMBER. DO NOT RETURN THIS FORM TO TRS.

Frequently Asked Questions
Injured Workers

What is an Early 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 my employer want me 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 a form DWC 73 at my last appointment. What is that?
The DWC73, also called the work status report, is the form your doctor fills out to tell about the parts of your job you can safely do - such as lifting, standing, and driving. A copy is given to you, your employer and insurance carrier.

My doctor has taken me off of work because of my injury. Will I be paid for my time off?
If your doctor says your injury keeps you from returning to work, you may be able to get Temporary Income Benefits (TIBs). These are paid by the insurance carrier for as long as your doctor says you're unable to return to work.

TIBs begin once your injury or illness causes you to miss eight days from work. Benefits are not paid for the first week unless your injury caused you to lose all or some of your pay (disability) for 14 days or more. In workers' compensation, disability does not mean a physical handicap. Disability means your injury kept you from earning money.

TIBs are limited to maximum and minimum amounts.

What happens to my benefits if my doctor releases me to work with restrictions, but my employer does not have any modified or alternate work for me?
You will keep receiving Temporary Income Benefits (as long as you are qualified*) if your doctor releases you to return to work with restrictions, but your employer doesn't have a job that meets your medical restrictions.

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, you may lose your Temporary Income Benefits.

What exactly is a bona fide offer of employment?
It is an employer's letter offering modified or alternate work to an employee within his/her medical restrictions.

What happens to my benefits if I go back to work?
If you are receiving Temporary Income Benefits, 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, as long as it is for reasonable and necessary treatment that is related to the injury.

My doctor told me that I will never be able to do my regular job again, because it requires very heavy lifting. I don't know how to do anything else. Is there somewhere that can help me learn a new job?
Yes, the Texas Rehabilitation Commission is a state agency that can help in certain situations.

What is an ombudsman?
An ombudsman is a specially trained employee of the Office of Injured Employee Counsel (OIEC) who can help you for free if you have a dispute with your employer's insurance carrier.
Contact DWC customer service at 1-800-252-7031

I received a letter that says I am scheduled for a designated doctor exam. Do I have to go to the Designated Doctor exam?
When you get this letter, you must go to the exam. A designated doctor is a doctor chosen by DWC to resolve a dispute about a work-related injury or illness.
For more information please call DWC customer service at 1-800-252-7031.

**You are eligible for Temporary Income Benefits as long as you have disability and have not reached Maximum Medical Improvement.*

Preguntas Frequentes
Para el Trabajador Lesionado

¿Que es un programa de Regreso al Trabajo?
Este es un plan organizado por la compañía para ayudar a los trabajadores lesionados a regresar al trabajo lo mas pronto posible y sin riesgo de lesionarse nuevamente mientras se recupera. También incluye cambios temporales o alternativos de su trabajo regular.

¿Por que razón mi compañía quiere que yo regrese a trabajar antes de estar completamente listo para regresar a trabajo?

En muchos casos, trabajar un poco es mejor que no trabajar. Su compañía tendra el beneficio de su asistencia de alguna manera, aunque no sea su trabajo regular.

Mi doctor completó el formulario TWCC 73 en mi última cita. ¿ Que significa esto?

El formulario DWC 73, también llamado el reporte de estado de trabajo, se utiliza para informarle acerca de las partes de su trabajo que usted puede hacer sin riesgo de lesionarse nuevamente. Esto puede incluir acciones como levantar objectos, mantenerse de pie o conducir. Usted, su compañía y la compañía de seguros recibirán un copia de este formulario.

Mi médico me ha dado un plazo de tiempo en el que no puedo trabajar por causa de mi lesión. ¿ Se me pagara mientras no estoy trabajando?

Si su médico indica que su lesión le impide regresar al trabajo, es posible que usted pueda obtener beneficios de ingresos temporales (temporary income benefits, por su nombre en inglés). Estos beneficios son pagados por la aseguradora durante el tiempo que su médico indique que usted no puede regresar a trabajar. Obtenga más información sobre los beneficios de ingreso temporalis, llame a la línea de servicio al cliente de DWC al 1-800-252-7031.

Los TIBs comienzan una vez que su lesión o enfermedad causa que usted pierda ocho días de su trabajo. Los beneficios no son pagados por la primera semana a menos que su lesión cause que usted pierda todo o parte de su pago (incapacidad) por 14 días o más. En la compensación para trabajadores, una incapacidad no significa una discapacidad física. Una incapacidad significa que su lesión no le permite ganar dinero.

Los TIBs están limitados a cantidades máximas y mínimas.

¿Que pasa con mis beneficios si mi doctor dice que puedo regresar a trabajar con restricciones pero mi compañía no me ofrece ninguna clase de trabajo modificado o alternativo?

Usted seguirá recibiendo Beneficios de Ingresos Temporarios (mientras usted califique*), si su doctor dice que usted puede regresar a trabajar con restricciones y su compañía no tiene un trabajo dentro de sus restricciones médicas.

¿ Que pasa si mi doctor dice que puedo regresar a trabajar pero yo pienso que no puedo?

Si su compañía le hace una oferta de trabajo de buena fe y usted no la acepta, usted puede perder sus Beneficios de Ingresos Temporarios.

¿Exactamente, que es una oferta de trabajo de buena fe?

Es una carta que indica que su compañía le esta ofreciendo trabajo modificado o alternativo dentro de sus restricciones médicas.

¿Que pasará con mis beneficios si yo regreso a trabajar mientras me recupero?
Si usted esta recibiendo Ingresos de Beneficios Temporarios, su cheque de beneficio semanales pueden ser suspendidos mientras usted trabaja o reducidos dependiendo del sueldo actual que gana. Si usted regresa a trabajar después que su doctor le dice que no trabaje, usted recibirá cheques mientras que califique.* Sus beneficios médicos continuarán mientras el tratamiento de su lesión sea necesario y razonable.

Mi doctor me a dicho que nunca podré regresar a mi trabajo regular por que este requiere que levante cosas muy pesadas. Yo no se hacer nada mas que este trabajo. ¿Ahí algún lugar que me pueda ayudar a aprender una nueva carrera?

Si, la Comisión de Rehabilitación del Estado de Tejas (TRC) es una agencia estatal que le puede ayudar en ciertas situaciones.

¿Que es un Ombudsman?

Un ombudsman es un empleado especialmente capacitado por la Oficina de Asesoria Publica para el Empleado Lesionado (Office of Injured Employee Counsel -OIEC, por su nombre y siglas en inglés) quien puede ayudarlo gratuitamente si usted tiene una disputa en contra de la aseguradora de su empleador.

También puede llamar a la línea de servicio al cliente de DWC al 1-800-252-7031.

Acabo de recibir una carta que dice que tengo que ver un médico designado. ¿Tengo que ir a esta cita?
Cuando usted recibe esta carta, debe de ir al examen. Un médico designado es un médico que ha sido elegido por DWC para tratar de resolver una disputa sobre una lesión o enfermedad relacionada con el trabajo.
Obtenga más información, llame a la línea de servicio al cliente de DWC al 1-800-252-7031.

** Usted calificará para Beneficios de Ingresos Temporarios mientras usted tenga incapacidad y no haya llegado a Mejoramiento Médico Maximo.*



WORKWELL,TX

Health care network information | As of October 1, 2022

WORKWELL,TX

Notice of Network Requirements

(Post in visible area for all employees)

Your employer has chosen WorkWell, TX as its certified workers' compensation health care network in partnership with Texas Mutual Insurance Company, a workers' compensation insurance carrier. WorkWell, TX will manage the health care and treatment you may receive if you are injured on the job or diagnosed with an occupational illness while employed here. WorkWell, TX doctors are trained in treating work-related injuries and illnesses and getting people back to work and back to a productive life.

The information in this packet will help you to seek care for your injury and describes what to do if you are injured while on the job.

What to do if you are injured while on the job

If you are injured at work, tell your employer right away. Your employer will help with any questions you may have about seeking treatment through WorkWell, TX. You may also contact Texas Mutual if you have any questions about your treatment. Our shared goal with your employer is to return you to work as soon as it is safe to do so.

A list of network doctors in your service area is available on texasmutual.com or by downloading the WorkWell, TX mobile app. You may contact us at (844) 867-2338 or at the address below for assistance.

WorkWell, TX
Attn: Network Services
PO Box 12029
Austin, TX 78711-2029

In case of an emergency

If you are injured and it is an emergency, you should seek treatment at the nearest medical care facility immediately. This also applies if you are injured outside the service area. Emergency care does not require preapproval. Texas law defines "medical emergency" as a medical condition that comes up suddenly.

After you receive emergency care, you may need ongoing care. Select a network doctor from the WorkWell, TX network. The doctor you choose will oversee the care for your injury. You must obtain referrals to see another health care provider or specialist from your treating doctor, except for emergency care.

Non-emergency care

Report your injury to your employer as soon as you can. Find a network treating doctor on texasmutual.com or by downloading the WorkWell, TX mobile app. Go to that doctor for treatment.

Treatment prescribed by your doctor may need to be approved in advance. Your doctor needs to request approval from the network for a specific treatment before the treatment or service is provided. You may continue to need further care after completing the approved treatment.

Choosing a treating doctor

If you are hurt at work and it is not an emergency and you live in the network service area, you must choose a treating doctor from the WorkWell, TX network. This is required so that WorkWell, TX covers the costs for the care. If you belong to a health maintenance organization (HMO) at the time of your injury, you may choose your HMO primary care doctor as your treating doctor. You must have chosen the doctor as your primary care doctor before your injury. We will approve the choice of your HMO doctor if they agree to the terms of the network contract and to abide by applicable laws.

For a list of network doctors available in your area, please visit texasmutual.com or download the WorkWell, TX mobile app. The WorkWell, TX provider directory is updated monthly. Doctors who speak Spanish or who are no longer taking new patients will be flagged with an icon on their record.

If your treating doctor leaves the network, we will notify you in writing. You will have the right to choose another treating doctor from the network directory. If your doctor leaves the network and you have a life threatening or acute condition for which a disruption of care would be harmful to you, your doctor may request to continue your treatment for an extra 90 days.

If you live outside of the service area, you may request a service area review by calling Texas Mutual. You should provide proof to support your request. Texas Mutual will inform you of its decision within seven days of receiving your request. If you disagree with Texas Mutual's final decision, you have the right to file a complaint with the Texas Department of Insurance. Your complaint must include your name, address, phone number, a copy of Texas Mutual's decision and any proof you sent to Texas Mutual for review. A complaint form is available on the Department's website.

When waiting for Texas Mutual to make a decision or for the Texas Department of Insurance to review your complaint, you are still expected to use the network for all health care. You may be required to pay for health care services received out of the network if it is decided you do live in the network's service area.

Changing doctors

If you are not satisfied with your first choice of a treating doctor, you can select a different treating doctor from the network directory. We will not deny your choice to see a different treating doctor. Before you can change treating doctors a second time, you must get permission from the network by calling (844) 867-2338.

Referrals

You do not have to get a referral if you have an emergency. All other health care and specialist referrals should be made through your treating doctor. All health care services that you request will be made available by the network on a timely basis, as required by your medical condition. This includes referrals. All health care services, including referrals, will be made available within 21 days after your request.

Out-of-network approvals

WorkWell, TX must approve all of your treating doctor or specialist's out-of-network referrals before you visit the provider. If you need to request approval, please call (844) 867-2338.

Payment for health care

Network doctors have agreed to seek payment from Texas Mutual for your treatment. They will not look to you for payment. If you receive treatment from a doctor who is not in the network without prior approval from WorkWell, TX, you may have to pay for the cost of that care. Medical costs for treatment by non-network health care providers may be covered only 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 the service area of the network.
- Your treating doctor or specialist refers you to an out-of-network provider or facility and WorkWell, TX approves the referral.
- You have chosen your HMO primary care doctor. Your doctor must agree to abide by the network contract and applicable laws.

Preauthorization, adverse determination and independent review

A list of the procedures and services that need preauthorization is on texasmutual.com. The list in this packet is not intended to be all-inclusive; health care is an evolving science. Procedures and treatments requiring prior approval will also evolve. Treating providers should verify preauthorization requirements by referring to the updated list on texasmutual.com.

If WorkWell, TX denies the request, you or the requesting doctor may ask for a review of that decision. If still dissatisfied, you, your provider or a person acting on your behalf may request an independent review. The preauthorization agent will provide any relevant medical records related to the injury to the independent review group. They may also provide any treatment guidelines used and a list of the doctors who provided care to you.

Complaints

We take your concerns seriously. If you are dissatisfied, you can file a complaint with WorkWell, TX. You may do this if you are not satisfied with any aspect of the network, including care you received. You must file your complaint within 90 days after the date of the event that is the basis for the complaint.

If you have questions about the complaint process you can reach the Grievance Coordinator by phone at (844) 297-5723, by fax at (512) 224-8800, by email at wwtxcomplaints@texasmutual.com, or by mail at the address below.

WorkWell, TX
Attention: Grievance Coordinator
PO Box 12029
Austin, Texas 78711-2029

Texas law does not permit WorkWell, TX to retaliate against you if you file a complaint against the network. We will not retaliate if you appeal the decision of the network. The law does not permit us to retaliate against your treating doctor if they file a complaint against the network or appeal the decision of the network on your behalf.

You have the right to file a complaint with the Texas Department of Insurance. A complaint form is available on the Department's website.

WorkWell, TX Preauthorization List

Hospital/ASC

All non-emergency hospital or ASC (inpatient, outpatient, and observation) admissions including principle scheduled procedures and length of stay. Preauthorization request should include specific hardware, implantables, external delivery system, etc. to be utilized.

Surgery/Procedures/Integral Devices

All non-emergency surgeries represented by AMA CPT codes 10010-69990 and/or G codes which represent a surgical procedure performed in a setting or place of service other than the doctor's office [POS 11]. Preauthorization request should include specified hardware, implantables, external delivery system, etc. to be utilized.

- All botox injections
- All spinal injections (including but not limited to):
  - » Epidural steroid injections
  - » RFTC or cryotherapy/cryoablation
  - » Sacral iliac joint injection
  - » Facet injection
  - » Medical branch block
- Trigger point injections (AMA CPT 20553)
- Bone growth stimulators
- Discograms
- Implantable drug delivery system
- Investigational or experimental procedures or devices as determined by ODG or listed as an AMA category III code. Stimulator devices (including, but not limited to):
  - » TENS units
  - » Interferential units
  - » Neuromuscular stimulators
  - » Dual units
  - » Spinal cord stimulator
  - » Peripheral nerve stimulator
  - » Brain stimulator

Physical Medicine

- All chiropractic treatments
- Manipulations under anesthesia (MUA)
- All PT/OT (unless requestor or rendering provider/facility is participating through Align)
- Biofeedback

Diagnostics

- All initial and repeat MRI and CT scans
- Bone density scans
- Surface electromyography (EMG)
- Unless otherwise specified in this list, all repeat individual diagnostic studies (series) having a billed amount greater than $350.

Other

- Durable medical equipment (DME), prosthetics and/or orthotics, greater than $500.00 billed (purchase or accumulated rental or combination of rental/purchase)
- Gym memberships
- Texas Department of Insurance, Division of Workers' Compensation (DWC) Pharmacy Closed Formulary per 28 TAC §134, Subchapter F.

Alternative Treatment

- Acupuncture outside ODG
- Acupressure
- Yoga

Rehab Programs

- Work conditioning
- Work hardening
- Chronic pain management program
- Medical rehabilitation
- Brain and spinal cord rehabilitation
- Chemical dependency programs
- Weight loss programs

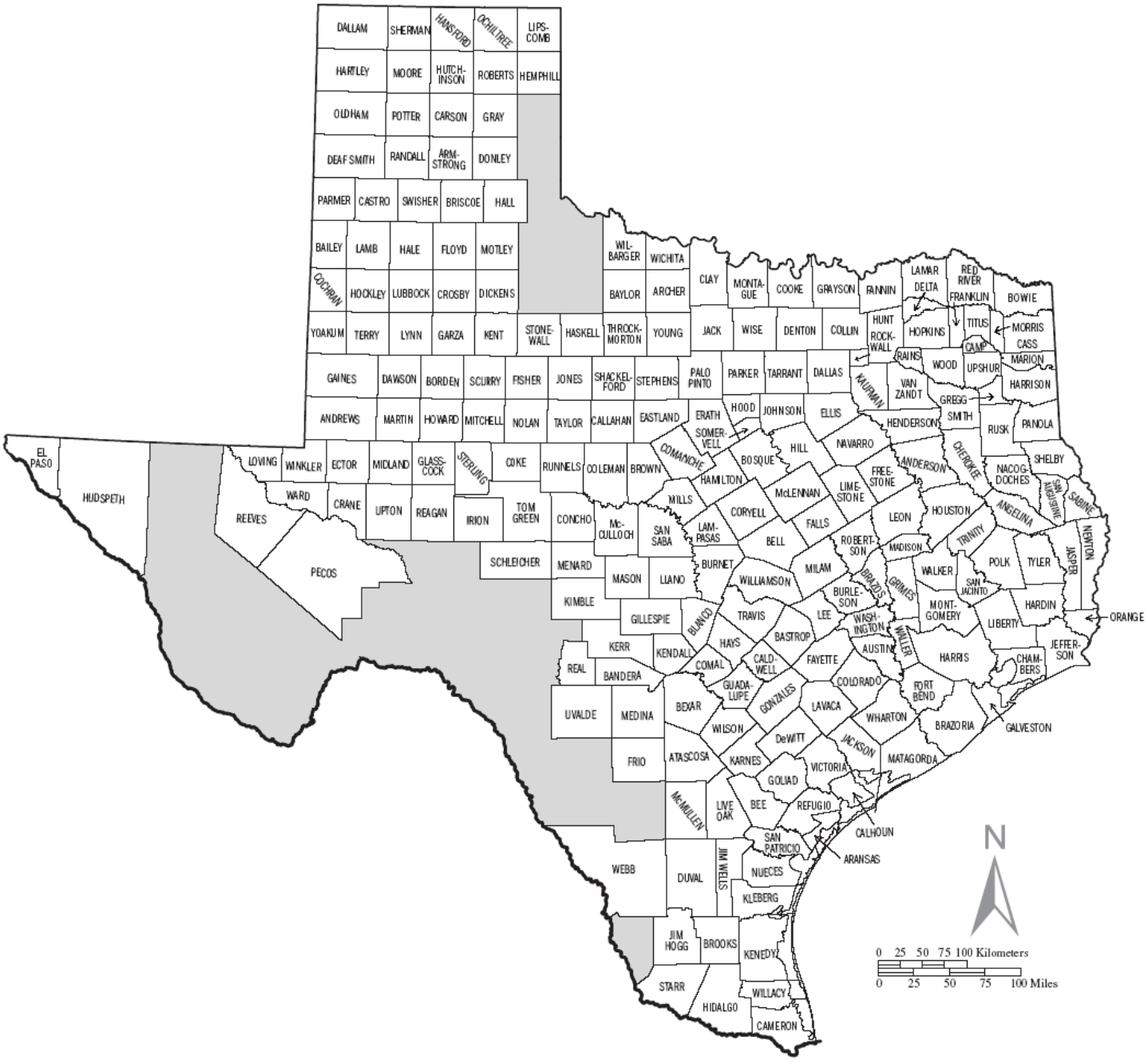
Nursing Home

- Skilled nursing facility, including skilled care within the same facility
- Convalescent care
- Residential care
- Assisted living/group homes

Psychological Testing and Psychotherapy

- Subsequent evaluations
- Subsequent tests or testing
- Therapy

WorkWell, TX Service Area Map



WorkWell, TX Service Area County List

A

Anderson
Andrews
Angelina
Aransas
Archer
Armstrong
Atascosa
Austin

B

Bailey
Bandera
Bastrop
Baylor
Bee
Bell
Bexar
Blanco
Bosque
Bowie
Brazoria
Brazos
Briscoe
Brooks
Brown
Burleson
Burnet

C

Caldwell
Calhoun
Callahan
Cameron
Camp
Carson
Cass
Castro
Chambers
Cherokee
Clay
Cochran
Coke
Coleman
Collin
Colorado
Comal
Comanche
Concho
Cooke
Coryell
Crane
Crosby

D

Dallam
Dallas
Dawson
Deaf Smith
Delta
Denton
Dewitt
Dickens
Donley
Duval

E

Eastland
Ector
El Paso
Ellis
Erath

F

Falls
Fanin
Fayette
Fisher
Floyd
Fort Bend
Franklin
Freestone
Frio

G

Gaines
Galveston
Garza
Gillespie
Glasscock
Goliad
Gonzales
Gray
Grayson
Gregg
Grimes
Guadalupe

H

Hale
Hall
Hamilton
Hansford
Hardin
Harris
Harrison
Hartley
Haskell
Hays
Hemphill
Henderson
Hidalgo
Hill
Hockley
Hood
Hopkins
Houston
Howard
Hudspeth
Hunt
Hutchinson

I

Irion

J

Jack
Jackson
Jasper
Jefferson
Jim Hogg
Jim Wells
Johnson
Jones

K

Karnes
Kaufman
Kendall
Kenedy
Kent
Kerr
Kimble
Kleberg

L

Lamar
Lamb
Lampasas
Lavaca
Lee
Leon
Liberty
Limestone
Lipscomb
Live Oak
Llano
Loving
Lubbock
Lynn

M

Madison
Marion
Martin
Mason
Matagorda
McCulloch
McLennan
McMullen
Medina
Menard
Midland
Milam
Mitchell
Montague
Montgomery
Moore
Morris
Motley

N

Nacogdoches
Navarro
Newton
Nolan
Nueces

O

Ochiltree
Oldham
Orange

P

Palo Pinto
Panola
Parker
Parmer
Pecos
Polk
Potter

R

Rains
Randall
Reagan
Real
Red River
Reeves
Refugio
Roberts
Robertson
Rockwall
Runnels
Rusk

S

Sabine
San Augustine
San Jacinto
San Patricio
San Saba
Schleicher
Scurry
Shackelford
Shelby
Sherman
Smith
Somervell
Starr
Stephens
Sterling
Stonewal
Swisher

T

Tarrant
Taylor
Terry
Throckmorton
Titus
Tom Green
Travis
Trinity
Tyler

U

Upshur
Upton
Uvalde

V

Van Zandt
Victoria

W

Walker
Waller
Ward
Washington
Webb
Wharton
Wichita
Wilbarger
Willacy
Williamson
Wilson
Winkler
Wise
Wood

Y

Yoakum
Young

WORKWELL,TX

Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- 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 to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

_____ _____ _____

Signature Date Printed name

I live at: _____

Street address

_____

City State Zip code

Name of employer: _____

Name of network: WorkWell, TX

To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgment was completed.

□ Initiating the network program (companywide)
□ Initial employee notification (new hire)
□ Injury notification (Date of injury: / /)

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.

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WORKWELL,TX

Información de la red de servicios médicos | A partir del 1 de octubre de 2022

WORKWELL,TX

Notificación de los requisitos de la red

(Publicar en una área visible para todos los empleados)

Su empleador ha elegido a WorkWell, TX para que sea su red certificada de servicios médicos de compensación para trabajadores, en asociación con Texas Mutual Insurance Company, una compañía de seguros de compensación para trabajadores. WorkWell, TX administrará los servicios médicos y el tratamiento que usted reciba en caso de sufrir una lesión en el trabajo o de que se le diagnostique una enfermedad ocupacional mientras trabaja aquí. Los médicos de WorkWell, TX están capacitados para tratar lesiones y enfermedades laborales, y lograr que las personas vuelvan a trabajar y a tener una vida productiva.

La información de este paquete le ayudará a solicitar atención médica, y explica lo que debe hacer si sufre una lesión en el trabajo.

Qué debe hacer si sufre una lesión en el trabajo

Si sufre una lesión en el trabajo, informe al empleador de inmediato. El empleador responderá todas las preguntas que usted tenga acerca de cómo solicitar tratamiento a través de WorkWell, TX. Si tiene preguntas sobre el tratamiento, también puede comunicarse con Texas Mutual. Nuestro objetivo común con el empleador es lograr que usted regrese al trabajo cuanto antes y de la manera más segura posible.

La lista de los médicos de la red que atienden en su área de servicio se encuentra disponible en texasmutual.com o descargando la aplicación móvil de WorkWell, TX. Si necesita ayuda, puede comunicarse con nosotros al (844) 867-2338 o a la siguiente dirección.

WorkWell, TX
Attn: Network Services
PO Box 12029
Austin, TX 78711-2029

En caso de emergencias

Si sufre una lesión y es de emergencia, deberá solicitar tratamiento de inmediato en el centro médico más cercano. Esto también aplica si sufre una lesión fuera del área de servicio. Para recibir atención de emergencia, no se requiere aprobación previa. La ley de Texas define una "emergencia médica" como una afección que se presenta de forma repentina.

Después de que le atiendan para tratar la emergencia, es posible que necesite seguir recibiendo atención. En ese caso, tendrá que seleccionar a un médico de la red de WorkWell, TX. El médico elegido supervisará la atención que reciba por la lesión. Excepto en emergencias, para consultar a otros proveedores o especialistas de salud, deberá obtener una derivación de su médico de tratamiento.

Atención en casos que no son de emergencia

Informe a su empleador sobre la lesión lo antes que pueda. Busque a un médico de tratamiento de la red en texasmutual.com o descargando la aplicación móvil de WorkWell, TX. Acuda a ese médico para recibir tratamiento.

Es posible que el tratamiento prescrito por el médico necesite ser aprobado con anticipación. Para un tratamiento específico, el médico tendrá que solicitar la aprobación de la red antes de brindar el tratamiento o servicio. Una vez que complete el tratamiento aprobado, podría requerir más atención médica.

Elección del médico de tratamiento

Si se lesiona en el trabajo pero no es una emergencia, y vive en el área de servicio de la red, deberá elegir a un médico de tratamiento de la red de WorkWell, TX. Esto es necesario para que WorkWell, TX cubra los costos de la atención. Si está afiliado a una organización para el mantenimiento de la salud (Health Maintenance Organization, HMO), puede elegir como médico de tratamiento a su médico de cabecera en la HMO. Para ello, debe haber elegido a dicho médico como médico de cabecera antes de sufrir la lesión. Nosotros aprobaremos al médico elegido de la HMO, si este acepta los términos contractuales de la red y cumple con las leyes aplicables.

Para ver una lista de los médicos de la red que atienden en su área, visite texasmutual.com o descargue la aplicación móvil de WorkWell, TX. El directorio de proveedores de WorkWell, TX se actualiza todos los meses. Los médicos que hablen español o que no acepten más pacientes nuevos estarán señalados con un icono en el registro.

Si su médico de tratamiento abandona la red, le notificaremos por escrito. Tendrá derecho a elegir a otro médico de tratamiento en el directorio de la red. Si su médico abandona la red y usted está siendo tratado por una afección aguda o potencialmente mortal, el médico puede solicitar continuar tratándolo durante 90 días más si la interrupción del tratamiento puede ser perjudicial para usted.

Si vive fuera del área de servicio, puede solicitar una revisión del área de servicio llamando a WorkWell,TX. Deberá presentar pruebas para respaldar su solicitud. WorkWell, TX le informará su decisión dentro de los siete días después de recibir la solicitud. Si no está de acuerdo con la decisión final de WorkWell, TX, tiene derecho a presentar una queja ante el Departamento de Seguros de Texas. En la queja, debe incluir su nombre, dirección, número de teléfono, una copia de la decisión de WorkWell, TX y las pruebas que haya enviado a WorkWell, TX para la revisión. El formulario de quejas se encuentra disponible en el sitio web del Departamento.

Mientras aguarda que WorkWell, TX tome una decisión o que el Departamento de Seguros de Texas revise su queja, se espera que siga usando igualmente la red para todos los servicios médicos que necesite. Si se decide que usted vive dentro del área de servicio de la red, se le podrá exigir que pague los servicios médicos que haya recibido fuera de la red.

Cambio de médico

Si no está satisfecho con el primer médico elegido, puede seleccionar a otro médico de tratamiento en el directorio de la red. Nosotros no rechazaremos su decisión de consultar a un médico de tratamiento diferente. Para poder cambiar de médico de tratamiento por segunda vez, deberá obtener el permiso de la red, llamando al (844) 867-2338.

Derivaciones

No es necesario obtener una derivación en casos de emergencia. Todas las derivaciones para atención médica y especialistas que no sean de emergencia se deben solicitar al médico de tratamiento. La red pondrá a disposición todos los servicios médicos que solicite de forma oportuna, según lo exija su afección. Esto incluye las derivaciones. Todos los servicios médicos, que incluyen las derivaciones, estarán disponibles dentro de los 21 días posteriores a la solicitud.

Aprobaciones fuera de la red

WorkWell, TX debe aprobar todas las derivaciones a proveedores fuera de la red del médico de tratamiento o especialista antes de que pueda consultar a dichos proveedores. Si necesita solicitar la aprobación, llame al (844) 867-2338.

Pago de servicios médicos

Los médicos de la red han acordado solicitar el pago de los tratamientos que usted reciba a Texas Mutual. Estos no le exigirán a usted que abone los tratamientos. Si recibe tratamiento de un médico que no se encuentra en la red, sin la aprobación previa de WorkWell, TX, tendrá que pagar el costo de dicha atención. Solo se podrán cubrir los costos médicos de tratamientos brindados por proveedores fuera de la red si se presenta alguna de las siguientes situaciones:

- Necesita recibir atención de emergencia. Debe acudir al hospital o centro de emergencias más cercano.
- No vive dentro del área de servicio de la red.
- El médico de tratamiento o especialista le deriva a un proveedor o centro médico fuera de la red y WorkWell, TX aprueba la derivación.
- Ha elegido a un médico de cabecera de su HMO. El médico debe aceptar los términos contractuales de la red y cumplir con las leyes aplicables.

Autorización previa, determinación adversa y revisión independiente

La lista de procedimientos y servicios que requieren autorización previa se encuentra disponible en texasmutual.com. La lista que contiene este paquete no tiene como fin ser exhaustiva, ya que el cuidado de la salud es una ciencia en constante evolución. Los procedimientos y tratamientos que requieren aprobación previa también cambian. Los proveedores de tratamiento deberán verificar los requisitos de autorización previa, consultando la lista actualizada en texasmutual.com.

Si WorkWell, TX rechaza la solicitud, usted o el médico solicitante pueden pedir que se revise la decisión. Si el resultado sigue siendo insatisfactorio, usted, el proveedor o la persona que actúa en su nombre pueden solicitar una revisión independiente. El agente de autorización previa proporcionará al grupo de revisión independiente todos los registros médicos pertinentes que se relacionen con la lesión. También podrá indicar las pautas de tratamiento que se siguieron y la lista de médicos que le atendieron a usted.

Quejas

Sus inquietudes son tomadas con seriedad. Si no está satisfecho, puede presentar una queja ante WorkWell, TX. Podrá hacer esto si no le satisface algún aspecto de la red, incluso la atención médica que recibió. La queja se debe presentar dentro de los 90 días posteriores a la fecha del evento que constituye el motivo de la queja.

Si tiene preguntas sobre el proceso para presentar quejas, puede comunicarse con el coordinador de reclamos por teléfono al (844) 297-5723, por fax al (512) 224-8800, por correo electrónico a wwtxcomplaints@texasmutual.com, o por correo postal a la dirección de abajo.

WorkWell, TX
Attention: Grievance Coordinator
PO Box 12029
Austin, Texas 78711-2029

La ley de Texas prohíbe a WorkWell, TX tomar represalias contra usted por presentar quejas contra la red. Tampoco tomaremos represalias contra usted si apela la decisión de la red. La ley también prohíbe tomar represalias contra un proveedor por presentar quejas contra la red o por apelar una decisión de la red en nombre de usted.

Usted tiene derecho a presentar quejas ante el Departamento de Seguros de Texas. El formulario de quejas se encuentra disponible en el sitio web del Departamento.

Lista de servicios que requieren autorización previa de WorkWell, TX

Hospital/ASC

Todas las admisiones que no sean de emergencia en hospitales o centros de cirugía ambulatoria (ambulatory surgery center, ASC) (de pacientes internos, externos y en observación), incluso los procedimientos principales programados y la estancia. La solicitud de autorización previa debe incluir los instrumentos específicos, dispositivos implantables, sistemas de administración externa, etc., a utilizar.

Cirugía/Procedimientos/Dispositivos integrales

Todas las cirugías que no se consideren de emergencia representadas por los códigos AMA CPT 10010-69990 o los códigos G que representen procedimientos quirúrgicos practicados en una ubicación o lugar de servicio que no sea el consultorio médico (POS 11). La solicitud de autorización previa debe incluir los instrumentos especificados, dispositivos implantables, sistemas de administración externa, etc., a utilizar.

- Todas las inyecciones de bótox
- Todas las inyecciones en la columna vertebral (incluidas pero no limitadas a las siguientes):
  - » Inyecciones epidurales de esteroides
  - » Termocoagulación por radiofrecuencia (Radiofrequency Thermocoagulation, RFTC), crioterapia o crioablación
  - » Inyecciones en la articulación sacroilíaca
  - » Inyecciones en la faceta articular
  - » Bloqueo de la rama medial
- Inyecciones en puntos reflexógenos (AMA CPT 20553)
- Estimuladores del crecimiento óseo
- Discografías
- Sistemas implantables para la administración de fármacos
- Procedimientos o dispositivos experimentales o en investigación según lo determinen las Pautas oficiales de discapacidad (Official Disability Guidelines, ODG) o que tengan un código de categoría III de la Asociación Médica Estadounidense (American Medical Association, AMA). Dispositivos de estimulación (incluidos pero no limitados a los siguientes):
  - » Unidades de estimulación nerviosa eléctrica transcutánea (transcutaneous electrical nerve stimulation, TENS)
  - » Unidades interferenciales
  - » Estimuladores neuromusculares
  - » Unidades dobles
  - » Estimuladores de la médula espinal
  - » Estimuladores de nervios
  - » Estimuladores cerebrales

Medicina física

- Todos los tratamientos quiroprácticos
- Manipulación bajo anestesia (manipulation under anesthesia, MUA)
- Todo tipo de fisioterapia o terapia ocupacional (a menos que el solicitante o el proveedor/centro médico participe a través de Align)
- Biorregulación

Diagnóstico

- Todos los estudios iniciales y repetidos de tomografía computarizada y resonancia magnética
- Densitometrías óseas
- Electromiografía de superficie (EMG)
- A menos que se especifique lo contrario en esta lista, todos los estudios de diagnóstico repetidos (en serie) con un costo facturado superior a $350

Otro

- Equipo médico duradero (durable medical equipment, DME), prótesis o dispositivos ortopédicos con un costo facturado superior a $500.00 (por la compra, el alquiler acumulado o una combinación de compra y alquiler)
- Membresías en gimnasios
- Formulario farmacéutico cerrado de la División de Compensación para Trabajadores del Departamento de Seguros de Texas, según el título 28 del Código Administrativo de Texas, §134, subcapítulo F

Tratamientos alternativos

- Acupuntura fuera de las ODG
- Acupresión
- Yoga

Programas de rehabilitación

- Rehabilitación laboral
- Terapia mediante simulación de trabajo
- Programa de manejo del dolor crónico
- Rehabilitación médica
- Rehabilitación por lesiones cerebrales y medulares
- Programas de dependencia química
- Programas para bajar de peso

Centros de enfermería

- Centros de enfermería especializada, incluso la atención especializada dentro de los propios centros
- Centros de convalecencia
- Centros residenciales
- Hogares grupales o de residencia asistida

Pruebas psicológicas y psicoterapia

- Evaluaciones subsiguientes
- Pruebas o estudios subsiguientes
- Terapia

Mapa del área de servicio de WorkWell, TX



Lista de condados del área de servicio de WorkWell, TX

A
Anderson
Andrews
Angelina
Aransas
Archer
Armstrong
Atascosa
Austin

B
Bailey
Bandera
Bastrop
Baylor
Bee
Bell
Bexar
Blanco
Borden
Bosque
Bowie
Brazoria
Brazos
Briscoe
Brooks
Brown
Burleson
Burnet

C
Caldwell
Calhoun
Callahan
Cameron
Camp
Carson
Cass
Castro
Chambers
Cherokee
Clay
Cochran
Coke
Coleman
Collin
Colorado
Comal
Comanche
Concho
Cooke
Coryell
Crane
Crosby

D
Dallam
Dallas
Dawson
Deaf Smith
Delta
Denton
Dewitt
Dickens
Donley
Duval

E
Eastland
Ector
El Paso
Ellis
Erath

F
Falls
Fannin
Fayette
Fisher
Floyd
Fort Bend
Franklin
Freestone
Frio

G
Gaines
Galveston
Garza
Gillespie
Glasscock
Goliad
Gonzales
Gray
Grayson
Gregg
Grimes
Guadalupe

H
Hale
Hall
Hamilton
Hansford
Hardin
Harris
Harrison
Hartley
Haskell
Hays
Hemphill
Henderson
Hidalgo
Hill
Hockley
Hood
Hopkins
Houston
Howard
Hudspeth
Hunt
Hutchinson

I
Irion

J
Jack
Jackson
Jasper
Jefferson
Jim Hogg
Jim Wells
Johnson
Jones

K
Karnes
Kaufman
Kendall
Kenedy
Kent
Kerr
Kimble
Kleberg

L
Lamar
Lamb
Lampasas
Lavaca
Lee
Leon
Liberty
Limestone
Lipscomb
Live Oak
Llano
Loving
Lubbock
Lynn

M
Madison
Marion
Martin
Mason
Matagorda
McCulloch
McLennan
McMullen
Medina
Menard
Midland
Milam
Mills
Mitchell
Montague
Montgomery
Moore
Morris
Motley

N
Nacogdoches
Navarro
Newton
Nolan
Nueces

O
Ochiltree
Oldham
Orange

P
Palo Pinto
Panola
Parker
Parmer
Pecos
Polk
Potter

R
Rains
Randall
Reagan
Real
Red River
Reeves
Refugio
Roberts
Robertson
Rockwall
Runnels
Rusk

S
Sabine
San Augustine
San Jacinto
San Patricio
San Saba
Schleicher
Scurry
Shackelford
Shelby
Sherman
Smith
Somervell
Starr
Stephens
Sterling
Stonewall
Swisher

T
Tarrant
Taylor
Terry
Throckmorton
Titus
Tom Green
Travis
Trinity
Tyler

U
Upshur
Upton
Uvalde

V
Van Zandt
Victoria

W
Walker
Waller
Ward
Washington
Webb
Wharton
Wichita
Wilbarger
Willacy
Williamson
Wilson
Winkler
Wise
Wood

Y
Yoakum
Young