

X. OTHER FORMS

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The employee or someone acting in the employee's behalf completes the other forms. The "Travel Reimbursement" form is provided to the employee by the Claims Coordinator and is filed by the employee with the adjuster at SORM. The "Employee's Notice of Injury or Occupational Disease and Claim for Compensation" form is provided by TWCC directly to the employee and is completed and returned directly to TWCC.

REIMBURSEMENT REQUEST FORM (TWCC-48)

REQUIRED:

When an employee wishes to be reimbursed for travel expenses related to his or her work-related injury. This covers authorized reimbursements for mileage as outlined in TWCC Rule 134.6

COMPLETED BY:

The form should be completed by the employee and mailed directly to SORM. The form is available from the Claims Coordinator.

INSTRUCTIONS:

TO THE INJURED EMPLOYEE: Texas Workers' Compensation Commission Rule 134.6 provides that an employee may request reimbursement for travel expenses in order to obtain reasonable and necessary medical care if the treatment is not reasonably available within 20 miles of the injured employee's residence. The distance traveled to secure medical treatment must be greater than 20 miles one way and the injured employee must submit the request to the insurance carrier on this form **within one year** of the date the injured employee incurred the expenses.

The insurance carrier shall make appropriate payment to the injured employee or notify the injured employee the reason for reduction or denial of the payment within 45 days of receipt of the request for reimbursement.

Please contact the Commission at 1-800-252-7031 for the current rate for mileage travel reimbursement.

1. Employee's name
2. Employee's address
3. Employee's social security number
4. Employee's telephone number
5. Date of Injury
6. Employer's name
7. Insurance carrier's name and address

List all dates traveled, home address, doctor's name and address, total miles traveled, and amount of reimbursement requested. Attach any receipts for food and lodging if applicable.

Sign and date the form and mail to the insurance carrier.

NOTE: KEEP A COPY OF THIS FORM FOR YOUR RECORDS

**EMPLOYEE'S NOTICE OF INJURY OR OCCUPATIONAL
DISEASE AND CLAIM FOR COMPENSATION
(TWCC-41)**

REQUIRED:

Form TWCC-41 is required of the injured employee or person acting on the employee's behalf in order to file a claim for workers' compensation benefits. The form will be sent directly to the injured employee by the Texas Workers' Compensation Commission after receipt by the Commission of a TWCC-15, "Employers' First Report of Injury or Illness" indicating that lost time has occurred.

FILING DEADLINE:

The form must be completed and mailed (postmarked) within one year to make a claim for an injury or within one year from the date the employee knew or should have known that an occupational disease was related to employment.

COMPLETED BY:

The injured employee or person acting on the employee's behalf.

INSTRUCTIONS:

The form should be typewritten, if possible. If it must be handwritten, **PRINT**.

DISTRIBUTION:

The form should be sent by the employee or person acting on behalf of the employee to the TWCC field office handling the claim, or to the TWCC central office listed on the form. The employee should keep a copy.

For additional information the employee may contact the nearest TWCC Field Office or the TWCC Central Office, Division of Hearings and Review, (512) 448-7947.

EMPLOYEE'S REPORT OF INJURY (SORM-29)

REQUIRED:

The form should always be filled out by the injured employee and filed with the SORM. This will help to expedite benefits in a more timely manner.

FILING DEADLINE:

The form must be received by SORM no later than one week after the First Report of Injury or Illness (TWCC-1S) is filed with SORM.

COMPLETED BY:

The employee, with assistance from the Claims Coordinator.

INSTRUCTIONS:

All fields should be completed and printed legibly. Make sure that the employee signs and dates the bottom of the form.

DISTRIBUTION:

Return original to: Claims Coordinator, EHRM 1005 within 24 hours after receipt. Retain copy for departmental file.