



**CITY OF DEER PARK, TEXAS**  
**Employee Acknowledgement of the Alliance Direct Contracting Program**

It has been communicated to me that my employer has workers' compensation insurance coverage for on the job injuries/illnesses. If I am hurt on the job, I understand that:

1. I must choose a treating doctor from the Alliance list of doctors designated as treating doctors.
2. I must have a post-accident drug screen conducted by a City authorized screen provider (Deer Park Family Clinic, DISA or Forward Edge) if a screen is necessary.
3. 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 seek emergency treatment.
4. I may have to pay the bill if I receive health care from a doctor other than an Alliance doctor without approval from the Texas Municipal League Risk Pool Adjuster.
5. The City generally continues employee wages (via injury leave) during an injury. Should you also receive temporary income benefits (TIB) from TML for the injury, to prevent overpayment of wages, I would be required to sign over and return any TML TIB checks to the City as soon as I receive them.
6. If I need prescription drugs as a result of the injury, I should contact Human Resources for a "First Fill" prescription card for initial workers' compensation medication coverage.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Printed Name

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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 [www.pswca.org](http://www.pswca.org) or contact your adjuster.

**Sample Listing of Participating Pharmacies in the "First Fill" program**

The below is a sampling of nearly 64,000 pharmacies that honor our program:

- |                     |                         |                   |
|---------------------|-------------------------|-------------------|
| Albertsons          | Receipt Pharmacy        | Costco            |
| H-E-B Pharmacy      | Sam's Pharmacy          | Wal-Mart Pharmacy |
| Brookshire Brothers | Texas Oncology Pharmacy | CVS Pharmacy      |
| Walgreens           | Tom Thumb               | Target Pharmacy   |
| K-Mart              | United Pharmacy         | Randall's         |
| Medicine Shoppe     |                         |                   |

For additional pharmacies within your area, call Progressive Medical's Client Services department at 1.866.939.6014 or visit our Web site at [www.progressive-medical.com](http://www.progressive-medical.com). Go to either Workers' Compensation or Auto No-Fault, Tools and Resources, Pharmacy Look Up and enter your city, state or zip code and click on "Locate". You will see a listing of pharmacies in your area.



## OFFICE OF INJURED EMPLOYEE COUNSEL

NORMAN DARWIN, PUBLIC COUNSEL

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

As an injured employee in Texas, you have the right to free assistance from the Office of Injured Employee Counsel (OIEC). This assistance is offered at local offices across the State. These local offices also provide other workers' compensation system services from the Texas Department of Insurance (TDI). TDI is the State agency that administers and regulates the workers' compensation system through the Division of Workers' Compensation (DWC).

Many services provided by OIEC and DWC can be completed over the telephone. You can contact OIEC by calling the toll-free telephone number 1-866-EZE-OIEC (1-866-393-6432). Additional information, including office locations, is available on the Internet at: [www.oiec.texas.gov](http://www.oiec.texas.gov). You can contact DWC by calling the toll-free telephone number 1-800-252-7031. Information about DWC is available on the Internet at: [www.tdi.texas.gov](http://www.tdi.texas.gov).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**3. If you worked for a political subdivision (e.g., city, county, school district) at the time of your injury, you have the responsibility to find out how to receive medical treatment.** Your employer should be able to provide you with the information you will need in order to determine which health care providers can treat you for your workplace injury.

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

**5. You have the responsibility to send a completed Employee's Claim for Compensation for a Work-Related Injury or Occupational Claim Form (DWC041) to DWC.** You have one year to send the form after you were injured or first knew that your illness might be work-related. Send the completed DWC041 form even if you already are receiving benefits. You may lose your right to benefits if you do not timely send the completed claim form to DWC. For a copy of the DWC041 form you may contact DWC or OIEC.

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

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

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

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



When an injured party needs medication immediately, the First Fill option allows you to approve these prescriptions and get them on the road to recovery.

**Questions?  
866.939.6014**

### Instructions for the Company

- Fill in the ID/Auth# per the First Fill card below along with the name, date of birth and gender.
- Instruct the injured party to take the First Fill card and their prescription to the pharmacy.
- Report the claim to TML-IRP.

Note: If additional medications are required, the claims professional should contact Progressive Medical to use our Retail Drug Card program. If additional First Fill cards are needed, or if you have any questions about the use of this program, please contact Progressive Medical at 1.866.939.6014 and ask for the Pharmacy Services Coordinator.

### Instructions for the Injured Party

**Questions?  
866.939.6014**

- Report your injury to the appropriate staff.
- At the bottom of this form is a First Fill card that will allow you to obtain the "initial" prescriptions needed upon injury with no out-of-pocket expense.
- A sample list of "Participating Pharmacy Chains" that accept this First Fill card is on the back of this sheet.
- Present your First Fill card and your prescription to the pharmacist.
- This card is for a one time use to receive your medications per your company benefits. Use of this card is only for your workers' compensation injury for which this claim was made.
- If you have any questions, call Progressive Medical toll-free at 1.866.939.6014. Our Client Services Specialists are available 24-hours a day to take care of your needs.

**PLEASE NOTE: IF YOUR WORKERS' COMPENSATION CLAIM IS ACCEPTED, YOU WILL RECEIVE A RETAIL DRUG CARD IN THE MAIL. PRESENT THAT CARD WHEN FILLING OTHER INJURY-RELATED PRESCRIPTIONS.**

FIRST FILL® CARD	
BIN#:	RESTAT 600471
Company Name:	TML-IRP
Group/Plan#:	E504
Person Code:	00 (zero, zero)
ID/Auth#:	
SSN (9 digits, no dashes) Date (6 digits, no dashes) E.g. if the SSN is 000-00-0000 and today's date is May 21, 2007, the ID/Auth# is 000000000052107.	
Injured Party's Name:	
Date of Birth:	Gender:

<b>1.866.939.6014</b>	
You may contact Progressive Medical, Inc. for issues with your card, prior authorization or claim rejections, by calling <b>866.939.6014</b> .	
<b>Pharmacist:</b> If you experience any problems, please call 866.939.6014.	
Disclaimer: It is important to note the issue will be determined by the claims department and the confirmation of this treatment/service request is in no way intended as an endorsement of the treatment/service request, nor is it intended to interfere with the provider from his or her duty to adhere to any applicable practice standards.	