



## Workers' Compensation Medical Provider Notice

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To whom it may concern:

**Brazos County** is covered by The **Texas Association of Counties Risk Management Pool** for compensable workers' compensation injuries. The Pool contracts with **Sedgwick** to adjust its claims. All medical bills, reports and other supporting documentation may be submitted to the following address for consideration:

TAC Risk Management Pool - Sedgwick  
P.O. Box 14152  
Lexington, KY 40512-4152

800.752.6301  
859.264.4061 (fax)

[US-YORK-tacdwcforms@sedgwick.com](mailto:US-YORK-tacdwcforms@sedgwick.com)

Please note, all bills are subject to retrospective review, reconsideration, and preauthorization under the Texas Workers' Compensation Act.

With the exception of emergency treatment, if the county participates in the Political Subdivision Workers' Compensation Alliance (Alliance), the treating doctor must be chosen from a list of Alliance doctors located at [www.pswca.org](http://www.pswca.org). Please contact your adjuster at the number above for additional information.

# MyMatrixx

By ~~EVERNORTH~~

## To the Injured Worker:

On your first visit, please give this form to any pharmacy listed on the back side to speed processing of your approved work-related injury prescriptions (based on the guidelines established by your employer).

Questions or need assistance locating a participating retail network pharmacy? Call the MyMatrixx Patient Care Contact Center at 800.945.5951.

### Atencion Trabajador Lesionado:

En su primera visita, entregue este formulario a cualquier farmacia que se encuentre en el reverso del boleto para acelerar el procesamiento de sus recetas aprobadas para lesiones relacionadas con el trabajo (según las reglas establecidas por su empleador).

¿Tiene preguntas o necesita ayuda para localizar una farmacia participante? Llame al centro de contacto para pacientes de MyMatrixx al 800.945.5951.

### Temporary Prescription Card

ID#: \_\_\_\_\_



Your SSN is your temporary ID. Present at Pharmacy.

RxBIN#: 003858

PCN: WC

RxGroup #: GJC7937

Date of Injury: \_\_\_\_\_  
MM/DD/YYYY

For Workers' Compensation Only

**WARN ME: OPIOIDS**

## Employee Information

Full Name \_\_\_\_\_

Street Address or PO Box \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer Name \_\_\_\_\_



## To the Pharmacist:

MyMatrixx administers this occupational accident prescription program. Please follow the steps below to submit a claim. Standard first fill shall not exceed a 14-day supply or a cost of \$1500.00. This form is valid for up to 30 days from date of injury (DOI). Limitations may vary.

For assistance, please call MyMatrixx at 888.786.9640.

### Processing Steps:

1. Enter RxBin 003858
2. Enter PCN WC
3. Enter Rx Group Number GJC7937
4. Enter 9-digit member ID (Patient SSN)
5. Enter Date of Injury

Visit [www.MyMatrixx.com](http://www.MyMatrixx.com) to locate a participating pharmacy near you!

AHF PHARMACY  
AHOLD CORPORATION  
ALBERTSONS  
ALIGNRX LLC  
AMERITA INC  
AURORA PHARMACY INC  
BIG Y FOODS INC  
BI-LO HOLDINGS LLC  
BROOKS/MAXI DRUG  
BROOKSHIRE BROTHERS LTD  
BROOKSHIRE GROCERY CO  
CARDINAL HEALTH  
CHEN NEIGHBORHOOD MEDICAL CENT  
COBORN'S INC.  
COSTCO WHOLESALE, INC  
CVS CORP  
DEDICATED US HOLDINGS LLC  
DISCOUNT DRUG MART  
ECKERD  
EPIC PHARMACY NETWORK  
ESSENTIA HEALTH  
EXPRESS RX  
FAIRVIEW PHARMACY SVCS  
FAMILY FARE, LLC

FOOD LION PHARMACY  
FRUTH PHARMACY  
GENOA HEALTHCARE LLC  
GIANT EAGLE PHARMACY  
GUARDIAN PHARMACY LLC  
HAC INC  
HANNAFORD BROS. CO.  
HARPS FOOD STORES INC  
HARTIG DRUG  
HEALTH MART ATLAS LLC  
H-E-B LP  
HENRY FORD HEALTH SYSTEM  
HOMETOWN PHARMACY INC  
HY-VEE FOOD STORES INC  
INGLES MARKETS  
INSTYMEDS CORP  
KPH HEALTHCARE SERVICES  
KS PHARM LLC  
K-VA-T FOOD STORES INC  
LEWIS DRUGS INC  
LONGS DRUG STORE  
MARC GLASSMAN INC  
MEDICAP PHARMACY, INC.  
MEDICINE SHOPPE  
MEIJER PHARMACY  
MERCY PHARMACY SERVICES

NCS HEALTHCARE  
NEIGHBORCARE PHARMACY  
OSBORN DRUGS INC  
PATIENT FIRST  
PHARMEDQUEST PHARMACY  
PHARMERICA, INC  
PMR US HOLDINGS  
PRESBYTERIAN MEDICAL  
PRESCRIBEIT RX  
PRICE CHOPPER PHARMACY  
PUBLIX SUPER MARKETS, INC  
RALEY'S  
RECEPT PHARMACY LP  
RITE AID CORPORATION  
SAFEWAY, INC.  
SAM'S CLUB  
SUPERVALU PHARMACIES, INC.  
TARGET  
THRIFTY WHITE STORES  
TOPS MARKETS LLC  
UNITED SUPERMARKETS INC  
WALGREENS  
WAL-MART  
WEGMANS FOOD MARKETS,  
WEIS MARKETS INC

Visit [www.MyMatrixx.com](http://www.MyMatrixx.com) to locate a participating pharmacy near you!

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## OFFICE OF INJURED EMPLOYEE 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.**



## **Brazos County Workers' Compensation Telemedicine Program**

Injured employees can choose to see a doctor via

Telemedicine by calling:

**888-REDIMD5 (733-4635)**

**24/7 Telemedicine Services for  
Brazos County**

**Works with: Smart Phone, Tablets/i-pads,  
Computer with a Webcam  
and Internet connection**

If you have any additional questions, please contact  
**Zamayra Cantu at 888-733-4635 or [zcantu@redimd.com](mailto:zcantu@redimd.com)**