



Texas Department Of Insurance

Division of Workers' Compensation

Records Processing
7551 Metro Center Dr. Ste.100 • MS-94
Austin, TX 78744-1609
(800) 252-7031 (512) 804-4378 fax www.tdi.state.tx.us

DWC Claim#

Carrier Claim#

EXPLANATION OF BENEFITS (DWC Form-062)

Distribution of this form will be in accordance with Rule §133.240

DO NOT SEND THIS FORM TO DWC UNLESS DWC SPECIFICALLY REQUESTS IT.

An insurance carrier may substitute its own EOB form, but it MUST contain all fields required by DWC.

1. Injured employee's name (Last, First, M.I.)		2. Injured employee's Social Security no. (last 4 digits)		3. Date of injury	
4. Injured employee's mailing address (Street or P.O. Box)		5. Employer's name and address			
6. Health care provider's name and address		7. Insurance carrier's name and address			
8. Health care provider's federal tax I.D. number		<p>Insurance carrier payment to the health care provider shall be according to Division medical policies and fee guidelines in effect on the date(s) of service(s).</p> <p>Health care providers shall not bill any unpaid amounts to the injured employee or the employer, or make any attempt to collect the unpaid amount from the injured employee or the employer unless the injury is finally adjudicated not to be compensable, or the insurance carrier is relieved of liability under 408.024 of the Texas Workers' Compensation Act.</p>			
9. Name and address of the company performing the audit					
Date of the audit					
10. Name and telephone number of the person who can be contacted about the bill reduction					

Date of Service (DOS)	CPT / Rev Code	Type of Service	ICD-9 Code	Units	Charges	Amount Paid	ANSI Reason Code	Text to explain Reason for Reduction / Denial

The complete ANSI Claim Adjustment Reason Code set is available on the Washington Publishing Company website at www.wpc-edi.com. TDI direction on the use of ANSI Claim Adjustment Reason Codes and jurisdiction reason codes is available at <http://www.tdi.state.tx.us/wc/carrier/documents/ansicodedir.xls>.

NOTE: With few exceptions, you are entitled on request to be informed about the information that TDI-DWC collects about you. Under §552.021 and 552.023 of the Government Code, you are entitled to receive and review the information. Under §559.004 of the Government Code you are entitled to have TDI-DWC correct information about you that is incorrect. For more information, call the TDI-DWC Open Records section at (512) 804-4437.

