

ADVISORY NO. 154

TOPIC: VIOLATION PILOT PROGRAM

The Texas Workers' Compensation Commission has initiated a pilot program to allow carriers to respond to income benefit delivery complaints that have been referred to the Compliance & Practices Division by injured workers or by the Commission's field office staff. Attached is a copy of the **REQUEST FOR INFORMATION AND NOTICE OF OPPORTUNITY TO APPEAR** form being used by Compliance & Practices.

Flahive, Ogden & Latson signs for these notices and immediately faxes the notices to the appropriate Claims Manager, along with the attached instruction letter.

Dear Claims Manager:

We attach a Request for Information and Notice of Opportunity to Appear. This is a new procedure of the Compliance and Practices Division. It is set up on a very expedited basis. We must hand deliver a file to the Commission within seven days and we must appear at a conference within ten days of the date that this was served upon us.

OUR TIME DEADLINES ARE EXTREMELY SHORT. PLEASE FAX OR OVERNIGHT YOUR RESPONSE TO US AS SOON AS POSSIBLE. DIRECT THE FAX OR OVERNIGHT RESPONSE TO:

**PATSY SHELTON
FAX NO: (512) 479-5320**

PLEASE NOTE THE ALLEGED VIOLATION AND PROVIDE US A BRIEF EXPLANATION RESPONDING TO THE ALLEGATIONS OF THE COMMISSION.

If the violation is for failing to pay from week to week (§409.023), we will attempt to identify the weeks that the Commission has addressed so that we may communicate that information to the person you designate as your contact person.

We will be required to either admit or deny the violation, and, if we admit it, to agree to pay a fine in the amount of \$250 to \$2,000. If we can resolve this expeditiously, it will avoid the possibility of an even larger fine at a later date. We do not want to pay fines we do not owe, but we do want to expeditiously and cheaply resolve those fines we do.

Please complete the below. If you have any question, call Patsy Shelton at 479-5324 ext. 234.

Sincerely,

Jack W. Latson

CLIENT RESPONSE

To: Patsy Shelton
Fax No. (512) 479-5320
Phone No. (512) 479-5324 ext. 234

Re: COMPLIANCE & PRACTICES - REQUEST FOR INFORMATION
AND NOTICE OF OPPORTUNITY TO APPEAR

Comm. No:

Proper Carrier:
(PLEASE DO NOT SHOW GROUP NAME)

Claim No:

Employee:

Employer:

D/Injury:

VTRA No:

1. The contact person for this file is as shown below. [FOL REMINDER: This person will need to be available for a conference call when the informal hearing date is set.]

Name:
Title:
Phone Number:

2. You are authorized to settle the violation for the best amount possible, not to exceed \$2,000 per violation. If you select this option, please sign here:

_____.

3. Please do not make any commitment without first consulting the person named in 1 above for settlement authority.