

ADVISORY NO. 158

TOPIC: CONFIDENTIAL CLAIM FILE ORGANIZATION

Per TWCC Advisory 95-01, effective April 1, 1995, a mandatory new form will be in effect. To obtain confidential claim file information, we must use TWCC-153(1/95) attached.

For Flahive, Ogden & Latson to process a request for a confidential claim file, it will be necessary for each insurance group to do the following:

1. Prepare a letter substantially similar to the specimen copy attached. This must be on your letterhead and you must sign it.
2. Your letter must indicate your title, mailing address, and the phone number of the person signing the letter.
3. Each letter should identify each insurance company in whose behalf you may request a confidential claim file. It is only necessary to prepare one letter for each group, but each insurance company should be identified on the letter.
4. It is not necessary to identify each TPA that may handle an account for your insured. It is not necessary to individually list the insureds.

THE NOTICE AUTHORIZING FLAHIVE, OGDEN & LATSON TO ACT AS YOUR LEGAL REPRESENTATIVE MUST BE RETURNED TO PHYLLIS DEVINE NO LATER THAN MARCH 30, 1995.

WE UNDERSTAND THAT THE COMMISSION WANTS A HARD COPY AND AN ACTUAL SIGNATURE ON FILE. PLEASE MAIL A HARD COPY AND **DO NOT FAX**. WE ARE COORDINATING THIS RESPONSE FOR ALL OF OUR CLIENTS AND REQUEST THAT THE FORM BE SENT DIRECTLY TO US TO THE ATTENTION OF PHYLLIS DEVINE, TO MINIMIZE PERSONAL FOLLOW-UP.

Your Letterhead

Texas Workers' Compensation Commission
Reprographics MS-92B
Southfield Building
4000 S. IH 35
Austin, Texas 78704-7491

Re: (Name of all Insurance Companies in Your Group)
ABC Insurance Company
DEF Insurance Company
GHI Insurance Company

Texas Workers' Compensation Commission:

By this letter, we formally designate Flahive, Ogden & Latson as our legal representative to request and receive confidential information and/or record checks for the above-referenced insurance companies.

Flahive, Ogden & Latson's physical address is 505 West 12th Street, Austin, Texas 78701. They may be contacted at (512) 479-5321 ext. 267 (Phyllis Devine).

By this letter, we formally acknowledge joint and several liability for all costs of records requested by us or in our name by Flahive, Ogden & Latson or their employees.

We submit this formal notification pursuant to TWCC Advisory 95-01. If further information is required to complete this request, you may contact me at my below address.

Respectfully submitted,

(Name) Sally Forth
(Title) W.C. Claim Manager
(Physical Address) 2001 Adams Street
Dallas, Texas 75256
(Your Phone Number) (214) 555-1212

FLAHIVE, OGDEN & LATSON