

Return to:
TDI-Division of Workers' Compensation
7551 Metro Center Dr, Ste 100, MS-96
Austin, TX 78744-1609
Or Fax to 512-804-4346

CLAIM ADMINISTRATION CONTACT INFORMATION

Submitted By: Kevin McGillicuddy

Carrier Austin Representative: J.T. Parker & Associates, L.L.C	
Contact Name: Kevin McGillicuddy	Telephone Number: 512-320-9950
Email Address: kmcgillicuddy@parkerclaims.com	Box Number: 1

For Carrier:

Name: Worth Casualty Company
FEIN: 75-2928878

(*Mandatory Item)

Web URL:

*URL: www.redpointcomp.com/contact-us/
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Enter full URL that will result in the direct display of the contact information page.

OR

TWCC Template:

Claim Adjustment:

Business Name: Redpoint Workers' Compensation		
Address Line 1: 11612 RM 2244 #2-100		
Address Line 2:		
City: Austin	State: TX	Zip: 78738
*Telephone: 512-708-0148 or 800-234-8242		
Fax: 512-708-9487		
Email: rmcbee@redpointinsurance.com		
Comments: Additional information can be provided by Robert McBee at 512-421-2652		

Coverage Verification:

Business Name: Redpoint Workers' Compensation		
Address Line 1: 11612 RM 2244 #2-100		
Address Line 2:		
City: Austin	State: TX	Zip: 78738
*Telephone: 512-708-0148		
Fax: 512-708-9486		
Email: dwalton@redpointinsurance.com		
Comments: Additional information can be provided by David Walton at 512-421-2606		

Medical Billing:

Business Name: CorVel Corporation		
Address Line 1: 3520 Executive Center Drive		
Address Line 2: Bldg. 5, Ste 250		
City: Austin	State: TX	Zip: 78731
*Telephone: Corvel Corporation 512-623-1000 or 800-247-6607		
Fax: 512-623-1069		
Email: tara_kerz@corvel.com		
Comments: Additional information can be provided by Corvel at 512-623-1000		

Pharmacy Billing:

Business Name: Preferred Medical Network		
Address Line 1: 2400 Bush Ridge Dr.		
Address Line 2:		
City: Louisville	State: KY	Zip: 40245
*Telephone: Preferred Medical Network 888-586-4650		
Fax: 502-489-5045		
Email: amy.wrightsel@preferredmedical.net		
Comments: Additional information can be provided by Preferred Medical at 888-586-4650		

Preauthorization:

Business Name: CorVel Corporation		
Address Line 1: 3520 Executive Center Drive		
Address Line 2: Bldg. 5, Ste 250		
City: Austin	State: TX	Zip: 78731
*Telephone: 800-247-6693		
Fax: 800-247-6753		
Email: marie_coleman@corvel.com		
Comments: Preauthorizations can be faxed directly to Corvel Corporation at 800-247-6753		
Additional information can be provided by Corvel at 800-247-6693		

Workers' Compensation Health Care Network

Business Name: Texas Cor-Care		
Address Line 1: 10000 Walnut Hill		
Address Line 2: Suite 300		
City: Dallas	State: TX	Zip: 75231
*Telephone: 866-353-9768		
Fax: 866-915-0633		
Email: texas_corcare@corvel.com		
Comments: Additional information can be provided by Texas Cor-Care at 866-353-9768		

Instructions Claim Administration Contact Information

General

This form is used to submit Claim Administration Contact Information in accordance with Commission Rule 124.2(n).

Submitted By

Provide the names of the Carrier Austin Representative submitting the form and the contact information of an individual who can answer questions about the submission.

For Carrier

Provide the full business name of the carrier and the carrier's FEIN.

Provide ONE of the Following:

Web URL

Provide the full URL for the Carrier's web page that provides the information required by Rule 124.2(n). Pointing a Web browser at this URL must result in the direct display of the Claim Administration Contact Information required by Rule 124.2 for the identified carrier. Please test the URL before submitting the form.

DWC Template

Complete all six sections of the template following the directions below.

The **Telephone** number is the only mandatory item. The person responding to a call to the listed number should be able to provide the full contact information required by Rule 124.2(n) without further referral. If the telephone number is not answered by the Insurer (Carrier), provide the name of the answering entity in the **Business Name** field. Additional contact information may be provided on the template if it will facilitate the Insurer's business processes. **Comments** may be added to provide alternate contacts for specific situations and to provide instructions or other useful information. Comments are limited to 500 characters. **All categories must contain at least the telephone number or the template will not be accepted.**

Contact Categories Required by Rule 124.2(n):

1. **Claim Administration** (adjustment)
2. **Coverage Verification**
3. **Medical Billing**
4. **Pharmacy Billing** (if different from Medical Billing, however, a contact telephone number under the Pharmacy Billing category must be provided. It may be the same number as used for Medical Billing.)
5. **Preauthorization**
6. **Workers' Compensation Health Care Network**

Minimum Contact Information

As stated above, the **Telephone** number is required on all six categories. Some or all of these telephone numbers may be the same if, for instance, a central call center handles all requests for information. If the telephone number is not answered by the Insurer (Carrier), provide the name of the answering entity in the **Business Name** field. Additional contact information may be provided if it will facilitate the Insurer's business process.