



# TEXAS DEPARTMENT OF INSURANCE

## Division of Workers' Compensation - Insurance Coverage (MS-96)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4345 | F: (512) 804-4146 | (800) 252-7031 | TDI.texas.gov | @TexasDWC

### Claim Administration Contact Information

#### AUSTIN REPRESENTATIVE INFORMATION

<b>1. Austin Representative's Name</b> (First, Last) Heather Terrones	<b>2. Austin Representative's Organization Name</b> Flahive, Ogden & Latson
<b>3. Austin Representative's Mailing Address</b> (Street or P.O. Box, City, State, ZIP) P.O. Box 201329, Austin, Texas 78720	
<b>4. Austin Representative's Phone Number</b> ( 512 ) 435.2234	<b>5. Austin Representative's Fax Number</b> ( 512 ) 241.3301
<b>6. Austin Representative's Email Address</b> hta@fol.com	

#### INSURANCE CARRIER

<b>7. Insurance Carrier's Name</b> Zurich American Insurance Company	
<b>8. Insurance Carrier's Federal Employer ID Number (FEIN)</b> 36-4233459	<b>9. Insurance Carrier's Group Affiliation</b> (if applicable) Zurich North America
<b>10. Insurance Carrier's Primary Mailing Address</b> (Street or P.O. Box, City, State, ZIP) 1299 Zurich Way Schaumburg, IL 60196	
<b>11. Insurance Carrier Contact Name</b> (First, Last) Joe Linkous	
<b>12. Insurance Carrier Contact Phone Number</b> ( 407 ) 667-2908	<b>13. Insurance Carrier Contact Fax Number</b> ( )
<b>14. Insurance Carrier Contact Email Address</b> joseph.linkous@zurichna.com	

#### OPTION 1 – INSURANCE CARRIER CONTACT INFORMATION WEB ADDRESS

<b>15. Effective Date</b>	<b>16. Web Address URL</b>
---------------------------	----------------------------

**OPTION 2** – Instead of an insurance carrier web address, complete applicable claim administration information.

#### CLAIM ADJUSTMENT

<b>17. Business Name</b> Cottingham & Butler Claims Services, Inc. (CBCS)	<b>18. Effective Date</b> 4/27/2020
<b>19. Business Address</b> (Street or P.O. Box, City, State, ZIP Code) 800 Main Street, Dubuque, IA 52004	
<b>20. Email Address</b> dunmacht@cbcscclaims.com	
<b>21. Phone Number</b> ( 877 ) 241-6121	<b>22. Fax Number</b> ( 563 ) 855-7144
<b>23. Comments</b>	

#### COVERAGE VERIFICATION

<b>24. Business Name</b> Cottingham & Butler Claims Services, Inc. (CBCS)	<b>25. Effective Date</b> 4/27/2020
<b>26. Business Address</b> (Street or P.O. Box, City, State, ZIP Code) 800 Main Street, Dubuque, IA 52004	
<b>27. Email Address</b> adriscoll@cbcscclaims.com	
<b>28. Phone Number</b> ( 563 ) 587-5235	<b>29. Fax Number</b> ( 563 ) 587-5804
<b>30. Comments</b>	

**MEDICAL BILLING**

<b>31. Business Name</b> Cottingham & Butler Claims Services, Inc. (CBCS)	<b>32. Effective Date</b> 4/27/2020
<b>33. Business Address</b> (Street or P.O. Box, City, State, ZIP Code) 800 Main Street, Dubuque, IA 52004	
<b>34. Email Address</b> dunmacht@cbcscclaims.com	
<b>35. Phone Number</b> ( 877   ) 241-6121	<b>36. Fax Number</b> ( 563   ) 855-7144
<b>37. Comments</b> The TPA contact listed above can assist you in contacting the vendor if applicable.	

**PHARMACY BILLING**

<b>38. Business Name</b> Cottingham & Butler Claims Services, Inc. (CBCS)	<b>39. Effective Date</b> 4/27/2020
<b>40. Business Address</b> (Street or P.O. Box, City, State, ZIP Code) 800 Main Street, Dubuque, IA 52004	
<b>41. Email Address</b> dunmacht@cbcscclaims.com	
<b>42. Phone Number</b> ( 877   ) 241-6121	<b>43. Fax Number</b> ( 563   ) 855-7144
<b>44. Comments</b> The TPA contact listed above can assist you in contacting the vendor if applicable.	

**PREAUTHORIZATION**

<b>45. Business Name</b> Cottingham & Butler Claims Services, Inc. (CBCS)	<b>46. Effective Date</b> 4/27/2020
<b>47. Business Address</b> (Street or P.O. Box, City, State, ZIP Code) 800 Main Street, Dubuque, IA 52004	
<b>48. Email Address</b> dunmacht@cbcscclaims.com	
<b>49. Phone Number</b> (877   ) 241-6121	<b>50. Fax Number</b> ( 563   ) 855-7144
<b>51. Comments</b> The TPA contact listed above can assist you in contacting the vendor if applicable.	

**WORKERS' COMPENSATION HEALTH CARE NETWORK**

<b>52. Business Name</b> Cottingham & Butler Claims Services, Inc. (CBCS)	<b>53. Effective Date</b> 4/27/2020
<b>54. Business Address</b> (Street or P.O. Box, City, State, ZIP Code) 800 Main Street, Dubuque, IA 52004	
<b>55. Email Address</b> adriscoll@cbcscclaims.com	
<b>56. Phone Number</b> ( 563   ) 587-5235	<b>57. Fax Number</b> ( 563   ) 587-5804
<b>58. Comments</b> The TPA contact listed above can assist you in contacting the vendor if applicable.	

**AUSTIN REPRESENTATIVE AFFIRMATION**

The undersigned Austin representative authorizes DWC to add or update claim administration contact information for the insurance carrier identified above. Through my signature below, I affirm my specific authority to execute this form on behalf of the insurance carrier.	
<b>59. Austin Representative Signature</b>	For DWC Use Only
<b>60. Austin Representative's Printed Name</b>	
<b>61. Date of Signature</b>	

## Frequently Asked Questions Claim Administration Contact Information

### Who must file this form?

Insurance carriers, including certified self-insurers, certified self-insurer groups, and governmental entities, must provide new or updated claim administration contact information through their Austin representative. Insurance carriers are required to provide claims adjustment, coverage verification (policy issuance and effective dates of policy), medical billing, pharmacy billing (if different from medical billing), and preauthorization contact information. 28 Texas Administrative Code Section 124.2.

Insurance carriers may provide this information with a single webpage created and maintained by the insurance carrier that contains the required information. If the webpage option is used, the page must contain the date on which it was last updated and an email address or other contact information to which a user may report problems or inaccuracies. Insurance carriers with multiple offices should use their primary location when filling out the "Insurance Carrier" section of the form.

### When must I update claim administration contact information?

Insurance carriers are required to update the contact information or the webpage address within 10 working days after a change is made.

### Do I have to fill in every field on the form each time I send it?

Yes. The contact information for each function must include mailing address, telephone number, fax number, and email address as appropriate. However, if Option 1 is filled in, boxes 17 through 58 may be left blank. If Option 2 is selected, boxes 15 and 16 may be left blank.

### Where do I file the DWC Form-121?

Send the form to DWC by fax at (512) 804-4146 or by mail to:

Texas Department of Insurance  
Division of Workers' Compensation  
Business Process Operations  
7551 Metro Center Drive, Suite 100 • MS-63  
Austin, TX 78744-1645

### What does DWC do?

DWC will update the claim administration contact information for the insurance carrier in TXCOMP, DWC's automated system where the public can find the information. See the TDI website and select the "TXCOMP" link and choose "Locate Insurance Carrier." After selecting an insurance carrier, click "View Claim Administration Contact."

### Need more information?

Call 512-804-4345, Monday to Friday, 8 a.m. to 5 p.m. Central time.

**NOTE:** With few exceptions, upon your request, you are entitled to be informed about the information DWC collects about you; get and review the information (Government Code Sections 552.021 and 552.023); and have DWC correct information that is incorrect (Government Code Section 559.004). For more information, contact [agencycounsel@tdi.texas.gov](mailto:agencycounsel@tdi.texas.gov) or you may refer to the [Corrections Procedure](#) section at [www.tdi.texas.gov](http://www.tdi.texas.gov).