



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

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

INSURANCE CARRIER

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

OPTION 1 – INSURANCE CARRIER CONTACT INFORMATION WEB ADDRESS

15. Effective Date	16. Web Address URL
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OPTION 2 – Instead of an insurance carrier web address, complete applicable claim administration information.

CLAIM ADJUSTMENT

17. Business Name Matrix Absence Management, Inc.	18. Effective Date 4/27/2020
19. Business Address (Street or P.O. Box, City, State, ZIP Code) 9390 Research Blvd, Building 1, Ste 220, Austin, TX 78759	
20. Email Address simone.hilton@matrixcos.com	
21. Phone Number (800-) 663-8044 x60033	22. Fax Number (408) 361-9112
23. Comments **Please contact Simone Hilton for Employer specific effective dates.	

COVERAGE VERIFICATION

24. Business Name Matrix Absence Management, Inc.	25. Effective Date 4/27/2020
26. Business Address (Street or P.O. Box, City, State, ZIP Code) 9390 Research Blvd, Building 1, Ste 220, Austin, TX 78759	
27. Email Address simone.hilton@matrixcos.com	
28. Phone Number (800) 663-8044 x60033	29. Fax Number (408) 361-9112
30. Comments *Please contact Simone Hilton for Employer specific effective dates.	

MEDICAL BILLING

31. Business Name Matrix Absence Management, Inc.	32. Effective Date 4/27/2020
33. Business Address (Street or P.O. Box, City, State, ZIP Code) P. O. Box 2987, Clinton, IA 52733-2987	
34. Email Address simone.hilton@matrixcos.com	
35. Phone Number (800) 663-8044 x60033	36. Fax Number (408) 361-9112
37. Comments **The TPA contact listed above can assist you in contacting the vendor if applicable.	

PHARMACY BILLING

38. Business Name Matrix Absence Management, Inc.	39. Effective Date 4/27/2020
40. Business Address (Street or P.O. Box, City, State, ZIP Code) P. O. Box 2987, Clinton, IA 52733-2987	
41. Email Address simone.hilton@matrixcos.com	
42. Phone Number (800) 663-8044 x60033	43. Fax Number (408) 361-9112
44. Comments The TPA contact listed above can assist you in contacting the vendor if applicable.	

PREAUTHORIZATION

45. Business Name Matrix Absence Management, Inc.	46. Effective Date 4/27/2020
47. Business Address (Street or P.O. Box, City, State, ZIP Code) 9390 Research Blvd, Building 1, Ste 220, Austin, TX 78759	
48. Email Address simone.hilton@matrixcos.com	
49. Phone Number (800) 931-3439	50. Fax Number (888) 386-3243
51. Comments **The TPA contact listed above can assist you in contacting the vendor if applicable.	

WORKERS' COMPENSATION HEALTH CARE NETWORK

52. Business Name Matrix Absence Management, Inc.	53. Effective Date 4/27/2020
54. Business Address (Street or P.O. Box, City, State, ZIP Code) 9390 Research Blvd, Building 1, Ste 220, Austin, TX 78759	
55. Email Address simone.hilton@matrixcos.com	
56. Phone Number (800) 663-8044 x60033	57. Fax Number (408) 361-9112
58. Comments **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.	
59. Austin Representative Signature	For DWC Use Only
60. Austin Representative's Printed Name	
61. Date of Signature	

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 or you may refer to the [Corrections Procedure](#) section at www.tdi.texas.gov.