

The University of Texas Health Science Center at Houston



Workers' Compensation Network Acknowledgement Form

I have received information (Notice of Network Requirements & Employee Handbook Material) which informs me how to get Health Care under Workers' Compensation Insurance.

If I am hurt on the job and live in the service area described in this information, I understand that:

1. I must choose a treating doctor from the list of physicians in the **IMO Med-Select Network**[®]. (A list of physicians can be found at www.injurymanagement.com) Or, I may ask my HMO primary care physician to agree to serve as my treating doctor by completing the Selection of HMO Primary Care Physician as Workers' Compensation Treating Doctor Form # IMO MSN-5.
2. I must go to my network treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I _____ the bill if I get health care from someone other than a network doctor without network approval.
5. If I receive the Notice of Network Requirements and refuse to sign the Acknowledgement F

Name of Carrier: The University of Texas System Name of Network: IMO Med-Select Network[®]

Home Address: _____
Street Address – No P.O. Box or Work Address

City

State

Zip Code

County

Printed Name

Date of Injury

Employee Phone Number

Employee Signature

Date

Email

For more information please contact the Office of Safety, Health,
Environment & Risk Management at (713) 500-8100 or 8127