

# 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**<sup>®</sup>. (A list of physicians can be found at [www.injurymanagement.com](http://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<sup>®</sup>

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