

Employee acknowledgement of workers' compensation network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

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

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995 to notify them of my choice.
2. I must go to my 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 might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

Signature: _____ Date: _____

Printed name: _____ StMU ID: _____

Address: _____ Name of employer: St. Mary's University

_____ Name of network: Texas Star Network®

Network service areas are subject to change. Call (800) 381-8067 if you need a network treating provider.

This is the:

____ Initial employee notification

____ Injury notification (Date of injury: _____)

Do not return this form to Texas Mutual Insurance Company unless requested