



**Employee Acknowledgment of Workers' Compensation Network**

I have received information that tells 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 doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor.
2. I must go to my treating doctor for all health care for my injury, except for emergency care. 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 if the injury is compensable and medical treatment is related to the work injury or illness.
4. I might have to pay the bill if I get health care, other than emergency 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

I live at: \_\_\_\_\_  
Street Address

\_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Name of Employer \_\_\_\_\_

Name of Network \_\_\_\_\_

**Network service areas are subject to change. Call 1-800/ 355-4434 ext. 2312 if you are searching for a network provider**

Please indicate whether this is the: Initial Employee Notification _____ Injury Notification (Date of Injury: ____/____/____)
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