



## Employee Acknowledgment of Workers' Compensation Network

By signing this form, I acknowledge and understand the following:

- ✓ I received the packet of information that tells me how to receive healthcare services through my employer's workers' compensation insurance.
- ✓ If I am hurt on the job and live in the service area described in the packet, I must choose a treating doctor from a list of doctors in the Prime Health Services network, or I may ask my primary care physician to act as my treating doctor. If I select my primary care physician, I will call toll-free 1-866-348-3887 to notify Prime Health Services of my choice.
- ✓ I must go to my treating doctor for all healthcare for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
- ✓ An insurance carrier will pay my treating doctor and other network providers.
- ✓ I might have to pay the bill if I get healthcare, other than emergency care, from someone other than a network doctor without the network's approval.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

Name of Network: **Prime Health Services Texas HCN**

Call Prime Health Services at 1-866-348-3887 if you need to locate a network treating doctor.

Please indicate whether this is the:  Initial Employee Notification (no injury involved); or

Injury Notification (date of injury: \_\_\_ / \_\_\_ / \_\_\_)  
Month Day Year

**\*RETURN THIS FORM TO YOUR EMPLOYER. DO NOT SEND TO PRIME HEALTH SERVICES.\***