Texas CorCare® Network Requirements

Effective: Check One: Initial Employee Notice D			
I have the information that tells me am hurt on the job and I live in the s	_		oloyees compensation insurance. If I rmation, I know that:
 I must choose a treating doctor f my HMO primary care physician primary care physician to agree notify them of my choice. 	to agree to serve	as my treating	
 I realize that, except for emerger from my CorCare treating docto go anywhere. 			ncluding referrals to specialists, ry. If I need emergency care, I may
• The insurance carrier will pay the for a compensable injury.	e treating doctor	and other netwo	ork providers and will not bill me
			by CorCare [®] , from a doctor who is e. I may have to pay for that care.
Employee's Signature	Ι	Pate	_
Employee's Printed Name			_
Employee's Address (Where I live)			_
City	State	Zip	_
Employers Name			_
CorVel Corporation/Texas CorCare® Network's Name Return form to employer, carrier or third party administrator.			