

EMPLOYEE ACKNOWLEDGEMENT FORM

Effective: _____

Check One: Initial Employee Notice
 Injury Notice -- Date of Injury _____

I have the information that tells me how to get health care under workers compensation insurance. If I am hurt on the job and I live in the service area described in this information, I know that:

- I must choose a treating doctor from the list of doctors who contracted with CorCare® 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 to agree to be my treating doctor, I will call CorVel at (866) 353-9768 to notify them of my choice.
- I realize that, except for emergencies, I must get all health care, including referrals to specialists, from my CorCare treating doctor for my compensable work injury. If I need emergency care, I may go anywhere.
- The insurance carrier will pay the treating doctor and other network providers and will not bill me for a compensable injury.
- Except for emergencies, if I get health care that is not approved by CorCare®, from a doctor who is not with CorCare®, the insurance carrier may not pay for that care. I may have to pay for that care.

Employee's Signature Date

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.