



TEXAS WORKER'S COMPENSATION HEALTH  
CARE NETWORK COVER LETTER

Dear Applicant/Policyholder:

Acuity is pleased to offer you a certified Workers' Compensation Health Care Network (HCN) administered by CorVel.

Any employer whose place(s) of employment is (are) located within our network service area is eligible to enroll in our HCN. Employers who complete the enrollment process as required by Texas workers' compensation statutes are eligible for a premium reduction. Additional benefits may include improved medical care, increased employee productivity, and improved cost control for your workers' compensation policy.

An enrollment checklist and details regarding the enrollment process and employer responsibilities follow this letter. If you have any questions regarding the HCN, please contact your agent.

Sincerely,  
Underwriting Department

Enrollment in the certified Workers' Compensation Health Care Network (HCN) is a multi-step process. Please see below for a high-level checklist followed by detailed instructions. If you have any questions regarding the enrollment process, please contact your agent.

### Health Care Network Enrollment Checklist

Each step below must be completed to enroll in the Acuity network, even if you were previously enrolled in an HCN with another insurer.

1.  Talk to your agent about the benefits of a certified health care network to determine if it is right for your company.
2.  Compare our HCN Service Area Map to where the majority of your employees live. The map is provided in the Texas CorCare<sup>®</sup> Employee Notice of Network Requirements and on our website at [acuity.com/TexasHCN](http://acuity.com/TexasHCN).
3.  Review the Texas CorCare<sup>®</sup> Employee Notice of Network Requirements, Employee Acknowledgment Form, and Attestation Form.
4.  Develop and document a procedure for distributing the Texas CorCare<sup>®</sup> Employee Notice of Network Requirements and Employee Acknowledgment Form to all employees.
5.  Distribute the Notice of Network Requirements and Acknowledgment Form to all employees.
6.  Document the method and date(s) of delivery of the Notice of Network Requirements and Acknowledgment Form to each employee.
7.  Obtain a signed employee Acknowledgment Form from each employee.
8.  Save the signed Acknowledgment Forms in the employee personnel files.
9.  Post the notice of Texas CorCare<sup>®</sup> Employee Notice of Network Requirements at *each place of employment*.
10.  Send signed Texas WC Certified Health Care Network Attestation Form to Acuity.

### Detailed HCN Enrollment Instructions and Employer Responsibilities

You must provide notice of the workers' compensation health care network (HCN) requirements to all employees. This must be done through the distribution of the Texas CorCare<sup>®</sup> Employee Notice of Network Requirements and Employee Acknowledgment Form provided with your quote and also available on Acuity's website at [acuity.com/TexasHCN](http://acuity.com/TexasHCN). The Employee Acknowledgment Form is included as the last page of the Network Requirements document. The document includes the information your employees need to know about the network, including the network service area and how to find a provider. Review the document for your own information.

### Distribution & Documentation Requirements

Develop and document a procedure for distributing the Employee Notice of Network Requirements and Employee Acknowledgment Form to all full- and part-time employees. The document must be provided in English, Spanish, and any other language common to 10% or more of your employees. An English version of the form is provided with your quote. Spanish forms are available at [acuity.com/TexasHCN](http://acuity.com/TexasHCN). You must distribute the documents to employees:

- Upon implementation of the program,
- Within three days of hire,
- Upon transfer into the health care network, if applicable, and
- At the time of injury. Your claims administrator may assist with time-of-injury notices.

For each employee, you must document the method of delivery of the Network Requirements and Acknowledgment Form, to whom the notice was delivered, and the date(s) of delivery. A sample distribution log is available on the Acuity website at [acuity.com/TexasHCN](http://acuity.com/TexasHCN).

Instruct your employees to read the Notice of Network Requirements, sign the Employee Acknowledgment Form, and return the signed form to you. You must attempt to obtain a signed Employee Acknowledgment Form from each employee verifying that the employee has received information concerning the network requirements.

If an employee refuses to sign the Acknowledgment Form, he or she is still required to comply with the requirements of the network as long as you fulfill your responsibility of documenting the details of the delivery. We recommend you document an employee's refusal to sign the Acknowledgment Form in your distribution log.

Save the signed Acknowledgment Forms in your employee personnel files, so they can easily be found if the Texas Department of Insurance requires you to show proof. Do not send Acknowledgment Forms to CorVel or Acuity.

If an injured employee refuses to sign the Acknowledgment Form, you have the right to require the employee to participate in the HCN unless the employee pre-designates his/her HMO treating doctor. Pre-designation must be done directly with the network and in advance of injury.

Failure to establish a standardized process for delivering and documenting the delivery of the Notice of Network Requirements Acknowledgment Form to employees may allow injured employees to receive care from outside the network. Acuity is responsible for out-of-network care that the injured employee receives prior to notice. However, failure to provide notice to employees as required may result in the loss of the HCN premium reduction.

### **Posting Requirement**

You must post the Texas CorCare<sup>®</sup> Employee Notice of Network Requirements *at each place of employment*. Post copies in English, Spanish, and any other language common to 10% or more of your employees.

### **Attestation Form**

Following the completion of the above responsibilities, sign and date the CorVel Attestation Form and return the form to Acuity at the address provided on the Attestation Form.

Your enrollment in the HCN will become effective as of the date the Attestation Form is signed or the policy effective date, whichever is later.

### **Ongoing Notification & Documentation Responsibilities.**

You must also provide the Texas CorCare<sup>®</sup> Employee Notice of Network Requirements and Employee Acknowledgment Form to:

- New employees *within three days of hire, and*
- Injured employees at the time you receive actual or constructive notice of the injury.

Continue to document the method of delivery of the Network Requirements and Acknowledgment Form, to whom the notice was delivered, and the date(s) of delivery for each employee upon hire and at time of injury.



## CorCare<sup>®</sup> Certified Texas HCN Attestation A

Policyholder: \_\_\_\_\_ Quote/Policy Number: \_\_\_\_\_

### Completed Employer Responsibilities

1. **Reviewed** the *Texas CorCare<sup>®</sup> Network Requirements and Employee Acknowledgment Form* which includes all of the information the employee needs to know about the CorVel CorCare<sup>®</sup> HCN program.
2. **Developed and documented** a policy and procedure for dissemination of the packet to all employees. To comply with the law, this process included the method of delivery, to whom the notice was delivered, and the date(s) of delivery.
3. **Distributed** the *Texas CorCare<sup>®</sup> Network Requirements and Employee Acknowledgment Form* to all current employees (full and part-time) upon implementation of the program.
4. **Posted** the *Texas CorCare<sup>®</sup> Network Requirements* at each place of employment.

I acknowledge the responsibilities listed above are the responsibility of the policyholder (employer) and they have been completed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employer

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

\_\_\_\_\_  
Date

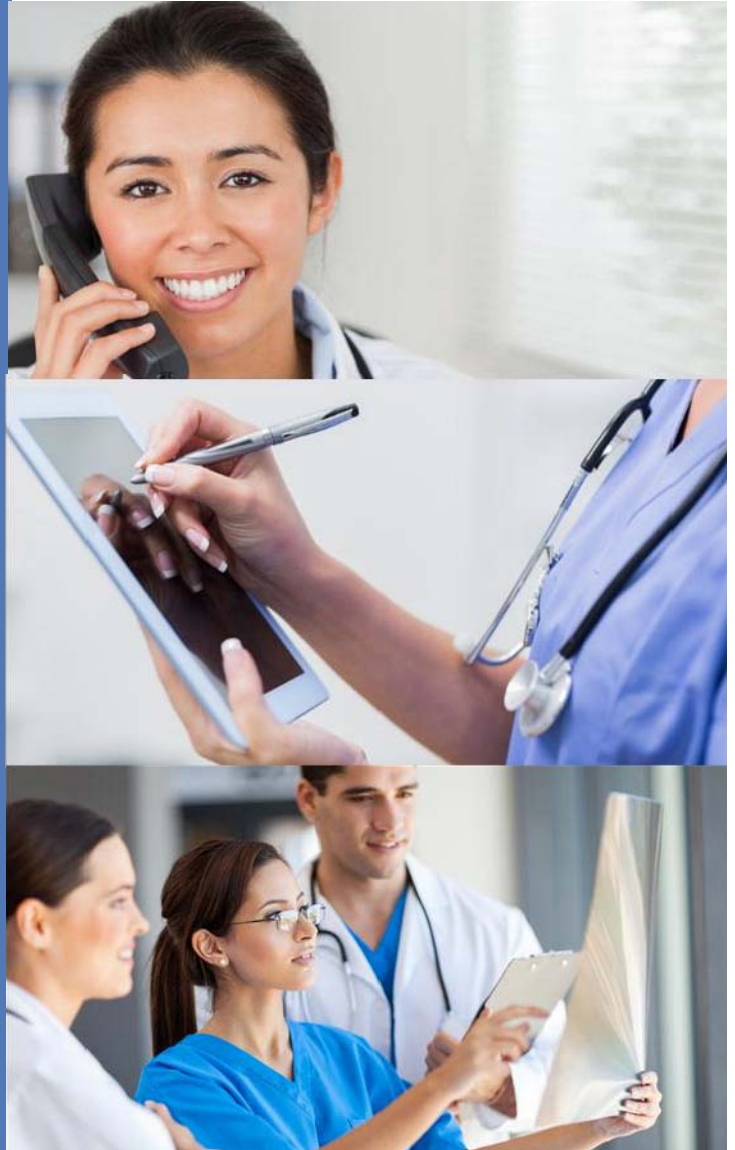
Please sign and mail this document to:

Acuity, A Mutual Insurance Company  
Underwriting Department  
2800 South Taylor Drive  
Sheboygan, WI 53081

Texas CorCare®

## Employee Notice of Network Requirements

English Version



CORVEL

# Texas CorCare<sup>®</sup> Network Requirements

## ABOUT THE NETWORK

Texas CorCare<sup>®</sup> is certified by the state of Texas as a Texas workers' compensation health care network. Contact the network for assistance, a list of network providers, or to change treating doctors at:

CorVel Corporation

PO Box 822425, Dallas, TX 75231

Toll Free Number: 866-353-9768 E-mail: [Texas\\_corcare@corvel.com](mailto:Texas_corcare@corvel.com)

***You must choose a "Treating Doctor". Treating Doctors are able to provide treatment and refer to other specialists if needed.***

Treating Doctors are the default selection on the website. To find a Treating Doctor or specialists on our website do the following:

- Go to <http://www.corvel.com>
- Select PPO Lookup
- Under Find A Provider, click Search
- Click the drop down menu for Select a Network
- Select the Texas CorCare Certified Network
- Enter the zip code where you live
- Keep "All" Selected for Specialty – *Do not change the specialty for initial treatment*
- Click Find Providers

Appointments will be given not later than 21 days after the request to see a provider. The network providers have agreed to look for payment only to the insurance carrier for compensable injuries.

Except in an emergency, you must have all care within the network through your treating doctor. If your doctor wishes to refer you outside of the network, the network must approve this. If you use a provider who is not in the network for non-emergency care without the network's approval, you may have to pay for the services, not the carrier.

In an emergency, you may call 911 or go to the nearest hospital or emergency facility. This includes emergency care outside of the service area and after-hours emergency care.

Continuity of Care, if you have an acute life threatening condition and your treating doctor chooses to leave the network, the carrier must continue to pay the treating doctor for up to 90 days at the contracted rate.

If you are dissatisfied with any aspect of the network's operations or the network providers, your complaint must be filed with the network. The network must receive the complaint within 90 days of the event. No resolution is required if the complaint is not filed on time. The complaint must be sent to CorVel Corporation, Attention: Texas CorCare<sup>®</sup> Complaints at the address or email above. The network is not allowed to retaliate against you or your employer because of a complaint. The network is not allowed to retaliate against a provider, when representing your care, if the provider reasonably files a complaint against the network or appeals a decision of the network. Also, you may complain to the Texas Department of Insurance. Their website is [www.tdi.state.tx.us](http://www.tdi.state.tx.us). The address is HMO Division, Texas Department of Insurance, Mail Code 103-6A, P. O. Box 149104, Austin, TX 78714-9104.

# Texas CorCare<sup>®</sup> Network Requirements

## NOTIFICATION OF NETWORK REQUIREMENTS

Your employer or insurance carrier will provide you with the network requirements at the start of the network. You should also receive this within 3 days of hire. Your employer should also give you the network requirements if you have a work related injury. They will give you an acknowledgment form. Please read the form carefully and sign it. Even if you refuse to sign it, Texas law requires you to follow the network rules.

## INJURIES PRIOR TO THE NETWORK

Certain rules apply when you were injured before your employer chose to use this network. This applies to dates of injury before September 1, 2005 and after the date your employer first decided to use a network. You must live within the service area for these rules to apply. You must select a treating doctor when the carrier notifies you that health care is being provided through this network. You have 14 days to select a network treating doctor. If you do not select a network treating doctor the network may assign a doctor to you.

## SERVICES NEEDING PREAUTHORIZATION

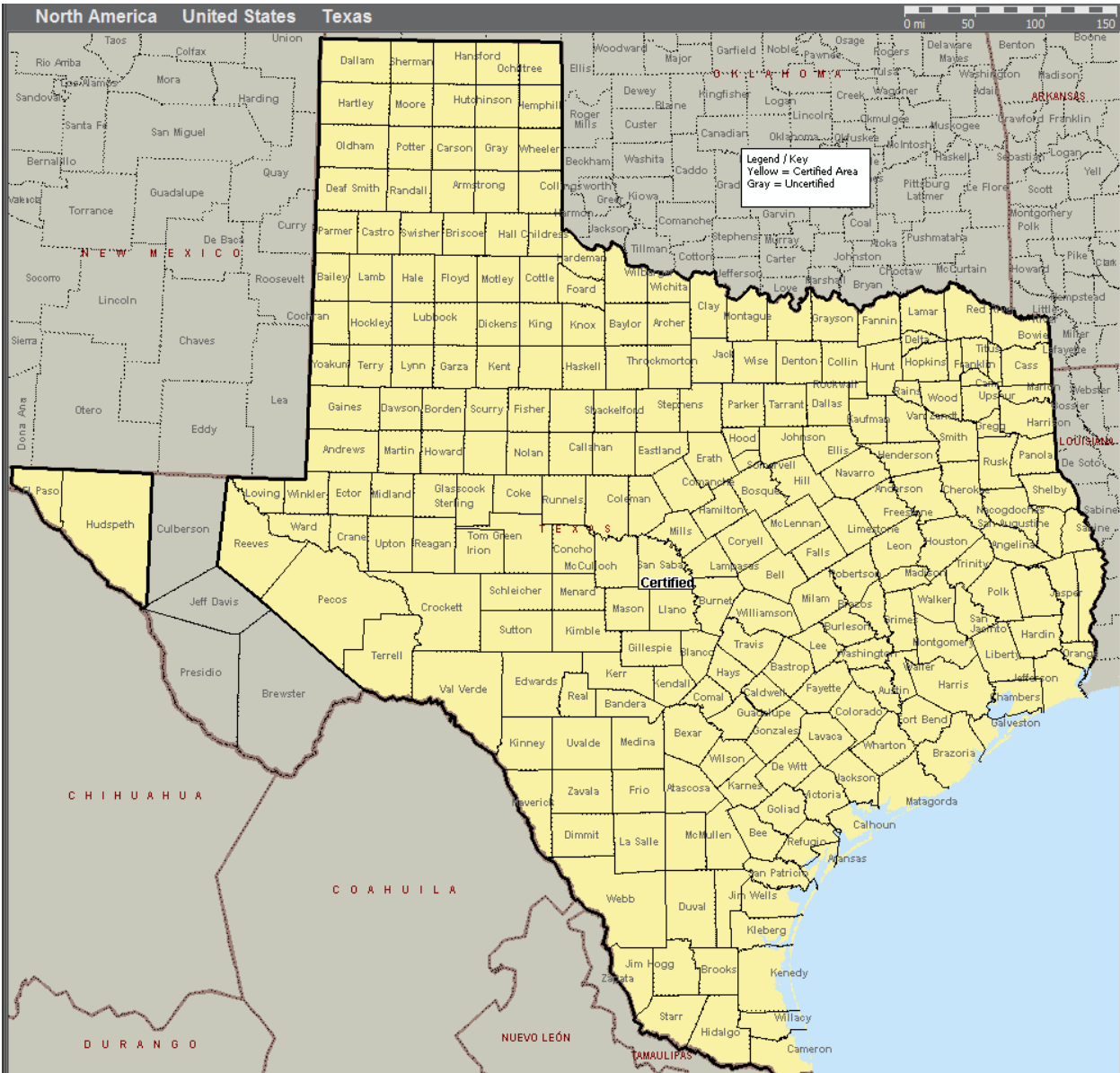
- Inpatient hospital admissions and all surgeries and invasive procedures done in a facility other than a doctor's office
- Length of stay, including length of stay starting the first working day after an emergency admission
- Repeat psychological evaluations, all testing, psychotherapy and biofeedback except when a part of a preauthorized rehabilitation program
- Osteopathic manipulation, chiropractic manipulations, physical therapy and occupational therapy except for the first 6 sessions within 2 weeks of the date of injury or an approved surgery
- All gym/health club memberships
- All myelograms, discograms, or surface electromyograms
- All repeat EMG/NCVs and all repeat diagnostic tests billed at \$350 or greater
- All work hardening and work conditioning programs
- Pain management programs, chemical dependency or weight loss program
- All durable medical equipment (DME) billed at \$500 or greater per item and all TENS units
- Nursing home, convalescent, residential care, and all home health practitioner services and treatments, including IV medications
- Any investigational or experimental services or devices
- Deviation from the guidelines adopted by the network<sup>1</sup>
- Health care to treat an injury or diagnosis that is disputed by the carrier based on Labor Code §408.0042 **after** the Medical Examination By The Treating Doctor to Define Compensability

An adverse determination is a decision that a service is not medical necessary, is experimental or investigational. If you want to file an appeal, you must contact the company that did the denial within 30 days of the denial. If your life is in danger, you can ask for a review by an independent review organization right away.

---

<sup>1</sup> Texas Administrative Code, §10.101

# Texas CorCare<sup>®</sup> Network Requirements



## DISPUTING THAT YOU LIVE IN THE SERVICE AREA

Contact the insurance carrier if you dispute that you live in the service area and include evidence to support your position. During the review of your dispute, you may seek all medical care from the network. If it is finally decided that you live in the network service area, the carrier may not have to pay for health care received out of the network. You may have to pay for that. If you disagree with the carrier's decision you may file a complaint with the Texas Department of Insurance.



## Texas CorCare<sup>®</sup> Network Requirements

### LIST OF COUNTIES IN NETWORK

Anderson*	Childress	Fayette	Hood	Lipscomb	Parker*	Taylor*
Andrews	Clay	Fisher	Hopkins	Live Oak	Parmer	Terrell
Angelina*	Cochran	Floyd	Houston	Llano	Pecos	Terry
Aransas	Coke	Foard	Howard	Loving	Polk	Throckmorton
Archer	Coleman	Fort Bend*	Hudspeth	Lubbock*	Potter*	Titus
Armstrong	Collin*	Franklin	Hunt*	Lynn	Rains	Tom Green*
Atascosa	Collingsworth	Freestone	Hutchinson	Madison	Randall*	Travis*
Austin	Colorado	Frio	Irion	Marion	Real	Trinity
Bailey	Comal*	Gaines	Jack	Martin	Red River	Tyler
Bandera	Comanche	Galveston*	Jackson	Mason	Reeves	Upshur
Bastrop*	Concho	Garza	Jasper	Matagorda	Refugio	Upton
Baylor	Cooke	Gillespie	Jefferson*	Maverick	Regan	Uvalde
Bee	Coryell*	Glasscock	Jim Hogg	McCulloch	Roberts	Val Verde
Bell*	Cottle	Goliad	Jim Wells	McLennan*	Robertson	Van Zandt
Bexar*	Crane	Gonzales	Johnson*	McMullen	Rockwall	Victoria*
Blanco	Crockett	Gray	Jones	Medina	Runnels	Walker*
Borden	Crosby	Grayson*	Karnes	Menard	Rusk	Waller
Bosque	Dallam	Gregg*	Kaufman*	Midland*	Sabine	Ward
Bowie*	Dallas*	Grimes	Kendall	Milam	San	Washington
Brazoria*	Dawson	Guadalupe*	Kenedy	Mills	San Jacinto	Webb*
Brazos*	Deaf Smith	Hale	Kent	Mitchell	San	Wharton
Briscoe	Delta	Hall	Kerr	Montague	San Saba	Wheeler
Brooks	Denton*	Hamilton	Kimble	Montgomery*	Schleicher	Wichita*
Brown	DeWitt	Hansford	King	Moore	Scurry	Wilbarger
Burleson	Dickens	Hardeman	Kinney	Morris	Shackelford	Willacy
Burnet	Dimmit	Hardin	Kleberg	Motley	Shelby	Williamson*
Caldwell	Donley	Harris*	Knox	Nacogdoches*	Sherman	Wilson
Calhoun	Duval	Harrison*	La Salle	Navarro	Smith*	Winkler
Callahan	Eastland	Hartley	Lamar	Newton	Somervell	Wise
Cameron*	Ector*	Haskell	Lamb	Nolan	Starr*	Wood
Camp	Edwards	Hays*	Lampasas	Nueces*	Stephens	Yoakum
Carson	El Paso*	Hemphill	Lavaca	Ochiltree	Sterling	Young
Cass	Ellis*	Henderson*	Lee	Oldham	Stonewall	Zapata
Castro	Erath	Hidalgo*	Leon	Orange*	Sutton	Zavala
Chambers	Falls	Hill	Liberty*	Palo Pinto	Swisher	
Cherokee	Fannin	Hockley	Limestone	Panola	Tarrant*	

\* indicates urban counties with a population > 50,000

# Texas CorCare<sup>®</sup> Network Requirements

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<sup>®</sup> 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<sup>®</sup>, from a doctor who is not with CorCare<sup>®</sup>, 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

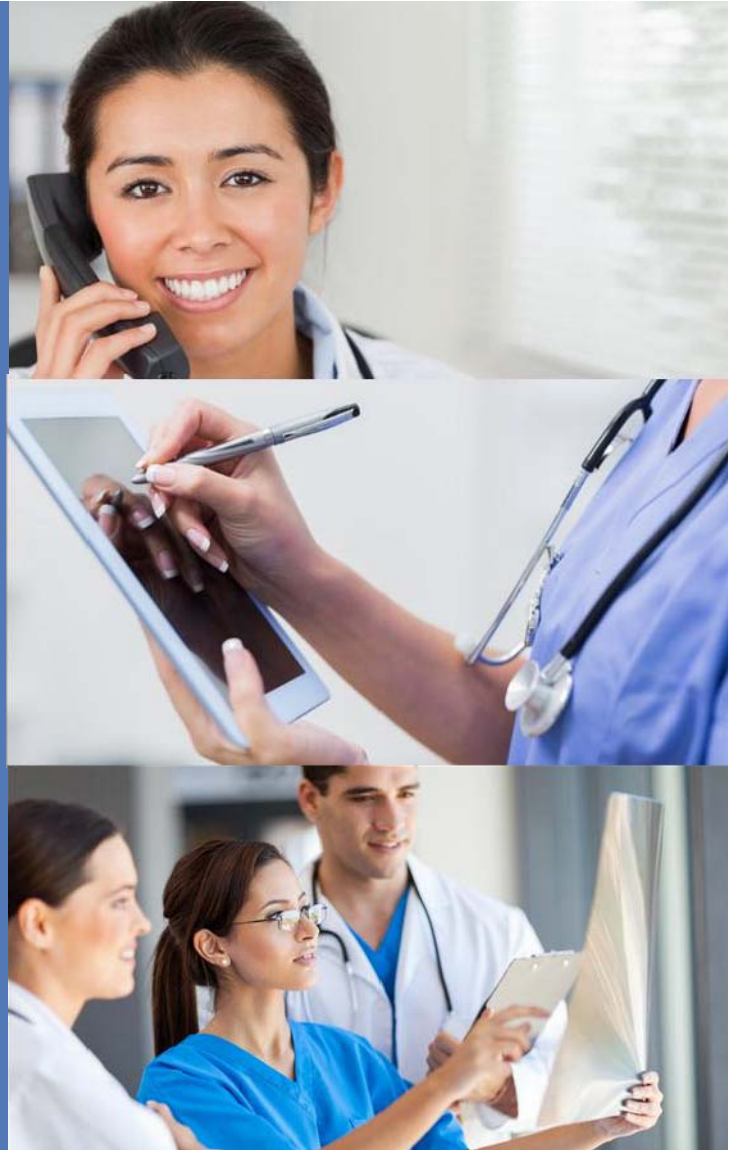
**CorVel Corporation/Texas CorCare<sup>®</sup>** \_\_\_\_\_

Network's Name -- Return form to employer, carrier or third party administrator.

**Texas CorCare®**

## **Aviso Empleado de los Requisitos de la Red**

Versión en Español



**CORVEL**

# Requisitos para la Red Texas CorCare®

## ACERCA DE LA RED

Texas CorCare® está certificada por el estado de Texas como una red de compensación por atención de salud para los trabajadores de Texas. Comuníquese con la red para obtener ayuda, una lista de los proveedores o para cambiar un médico tratante:

CorVel Corporation

PO Box 822425 Dallas TX 75231

Número para Llamadas Sin Costo: 866-353-9768 Correo electrónico: [Texas\\_corcare@corvel.com](mailto:Texas_corcare@corvel.com)

**Usted debe elegir un “médico tratante”. Médico tratante son capaces de proporcionar tratamiento y si es necesario, consulte a otros especialistas.** Los médicos tratante son la selección predeterminada en la página web. Para encontrar un médico tratante u otro especialista en nuestro sitio web, haga lo siguiente:

- Vaya a <http://www.corvel.com>
- Seleccione Provider Look-Up (Buscar Proveedor)
- Bajo Find A Provider (Encontrar Un Proveedor), haga clic en Search (Buscar)
- Haga clic en el menú desplegable Select a Network (Seleccionar una Red)
- Seleccione Texas CorCare Certified Network (Red Certificada CorCare Texas)
- Ingrese el código postal de su residencia
- Mantenga “All” seleccionado para la especialidad – No cambie la especialidad para el tratamiento inicial
- Haga clic en Find Providers (Encontrar Proveedores)

Las citas para la atención con un proveedor se asignarán no más allá de 21 días después. Los proveedores de la red han aceptado solicitar los pagos solo a la compañía aseguradora por las lesiones compensables.

Salvo en caso de emergencia, usted debe recibir toda la atención médica dentro de la red a través de su médico tratante. Si su doctor desea referirlo fuera de la red, se debe hacer con aprobación de la red. Si usted acude a un proveedor que no está en la red para una atención no de urgencia y sin aprobación de la red, usted podrá tener que pagar por los servicios. Es posible que la aseguradora no tenga que pagar por esa atención.

En una emergencia, puede llamar al 911 o ir a la instalación de emergencia u hospital más cercano. Esto abarca atención de emergencia fuera del área de servicio y atención de emergencia en horario no hábil.

Si usted tiene una condición aguda con riesgo vital y su médico tratante elige abandonar la red, la aseguradora deberá seguir pagando al médico tratante por hasta 90 días con las tarifas contratadas.

Si usted no está satisfecho con algún aspecto del funcionamiento de la red o los proveedores de la red, debe presentar un reclamo a la red; ésta deberá recibir el reclamo dentro de los 90 días posteriores al evento. No hay obligación de solución si el reclamo se presenta fuera de plazo. El reclamo se debe enviar a CorVel Corporation, Dirigido a: Reclamos Texas CorCare® a la dirección y correo electrónico arriba señalados.

La red no está autorizada a adoptar represalias en contra suya ni de su empleador debido a un reclamo. La red no está autorizada a adoptar represalias en contra de un proveedor, en representación de usted, si el proveedor interpone de manera razonable un reclamo en contra de la red o apela a una decisión de la red.

Asimismo, usted puede presentar un reclamo al Departamento de Seguros de Texas. Su sitio web es [www.tdi.state.tx.us](http://www.tdi.state.tx.us). La dirección es HMO Division, Departamento de Seguros de Texas, Código Postal 103-6A, P. O. Box 149104, Austin, TX 78714-9104

# RECIBO DE INFORMACIÓN SOBRE LA RED DE COMPENSACIÓN AL TRABAJADOR

## NOTIFICACIÓN DE REQUISITOS DE LA RED

Su empleador o aseguradora le entregarán los requisitos de la red al incorporarse a ésta. También debería recibirlos en los 3 días posteriores a su contratación. Además, su empleador también debe entregarle los requisitos de la red si tiene una lesión laboral. Le entregarán un formulario que certifica el recibo de los requisitos. Por favor lea el formulario atentamente y fírmelo. Aunque usted se niegue a firmarlo, la ley de Texas lo obliga a seguir las reglas de la red.

## LESIONES PREVIAS AL INGRESO A LA RED

Se aplican ciertas reglas cuando usted se lesionó antes de que su empleador eligiera usar esta red. Esto se aplica a fechas de lesión previas al 1 de septiembre de 2005 y después de la fecha en que su empleador decidió usar la red por primera vez. Usted debe vivir dentro del área de servicio para que estas reglas se apliquen. Usted debe seleccionar un médico tratante cuando la aseguradora le notifique que se está brindando atención de salud a través de esta red. Usted tiene 14 días para seleccionar un médico tratante en la red. Si usted no selecciona un médico tratante en la red, es posible que la red le asigne a usted un médico.

## SERVICIOS QUE REQUIEREN AUTORIZACIÓN PREVIA

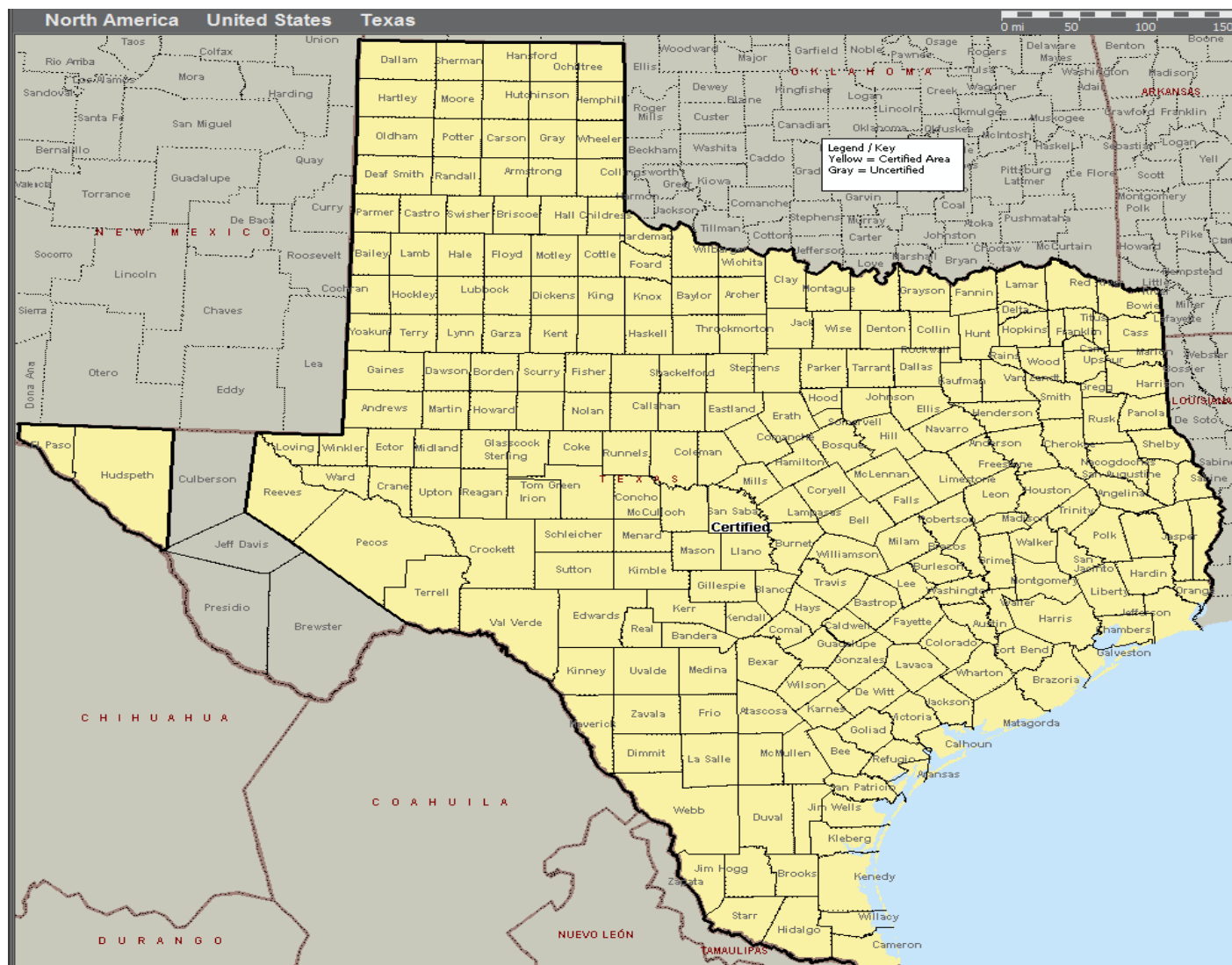
- Las admisiones en hospital como interno y todas las cirugías y procedimientos invasivos hechos en una instalación que no sea la consulta de un médico.
- Duración de la estadía, incluida duración de la estadía partiendo del primer día hábil posterior a una admisión por emergencia.
- Evaluaciones psicológicas repetidas, todos los exámenes, sicoterapia y bioretroalimentación, salvo cuando sea parte del programa de rehabilitación preautorizado.
- Manipulación osteopática, manipulaciones quiroprácticas, terapia física y terapia ocupacional, salvo por las primeras 6 sesiones dentro de las 2 semanas posteriores a la fecha de lesión o de una cirugía aprobada.
- Todas las membresías a gimnasios/clubes de salud.
- Todos los mielogramas, discogramas o electromiogramas superficiales.
- Todos los EMG/NCV reiterados y todos los exámenes de diagnóstico reiterados facturados a \$350 o más.
- Todos los programas de acondicionamiento para el trabajo y fortalecimiento del trabajo.
- Programas para administración del dolor, dependencia química o programa de pérdida de peso.
- Todo equipo médico durable (DME) facturado a \$500 o más por artículo y todas las unidades TENS.
- Casa de reposo, convalecencia, cuidado a domicilio, y todos los tratamientos y servicios de profesionales de la salud a domicilio, incluidos medicamentos IV.
- Todos los dispositivos o servicios de investigación o experimentales.
- Desviación de las pautas estipuladas por la red<sup>1</sup>.
- Atención de salud para tratar una lesión o diagnóstico que sea objetada por la aseguradora sobre la base del Código Laboral §408.0042 **después** del Examen Médico realizado por El Médico Tratante para Definir la Compensabilidad.

Una determinación adversa es una decisión de que un servicio no es necesario desde el punto de vista médico, es experimental o de investigación. Si usted desea interponer una apelación, debe comunicarse con la empresa que presentó el rechazo dentro de los 30 días posteriores al rechazo. Si su vida está en peligro, puede solicitar una revisión a una organización revisora independiente de inmediato.

---

<sup>1</sup> Código Administrativo de Texas, §10.101

# RECIBO DE INFORMACIÓN SOBRE LA RED DE COMPENSACIÓN AL TRABAJADOR



## DISPUTAS RESPECTO DE QUE USTED RESIDA EN EL ÁREA DE SERVICIO

Comuníquese con la aseguradora si usted sostiene que vive en el área de servicio e incluya evidencia que fundamente su posición. Durante la revisión de su disputa, puede solicitar todo tipo de atención médica de la red. Si finalmente se decide que usted vive en el área de servicio de la red, es posible que la aseguradora no tenga que pagar por la atención de salud recibida fuera de la red. Es posible que usted tenga que pagar por eso. Si usted está en desacuerdo con la decisión de la aseguradora, puede presentar un reclamo al Departamento de Seguros de Texas.

# RECIBO DE INFORMACIÓN SOBRE LA RED DE COMPENSACIÓN AL TRABAJADOR

## LISTA DE CONDADOS EN LA RED

Anderson*	Childress	Fayette	Hood	Lipscomb	Parker*	Taylor*
Andrews	Clay	Fisher	Hopkins	Live Oak	Parmer	Terrell
Angelina*	Cochran	Floyd	Houston	Llano	Pecos	Terry
Aransas	Coke	Foard	Howard	Loving	Polk	Throckmorton
Archer	Coleman	Fort Bend*	Hudspeth	Lubbock*	Potter*	Titus
Armstrong	Collin*	Franklin	Hunt*	Lynn	Rains	Tom Green*
Atascosa	Collingsworth	Freestone	Hutchinson	Madison	Randall*	Travis*
Austin	Colorado	Frio	Irion	Marion	Real	Trinity
Bailey	Comal*	Gaines	Jack	Martin	Red River	Tyler
Bandera	Comanche	Galveston*	Jackson	Mason	Reeves	Upshur
Bastrop*	Concho	Garza	Jasper	Matagorda	Refugio	Upton
Baylor	Cooke	Gillespie	Jefferson*	Maverick	Regan	Uvalde
Bee	Coryell*	Glasscock	Jim Hogg	McCulloch	Roberts	Val Verde
Bell*	Cottle	Goliad	Jim Wells	McLennan*	Robertson	Van Zandt
Bexar*	Crane	Gonzales	Johnson*	McMullen	Rockwall	Victoria*
Blanco	Crockett	Gray	Jones	Medina	Runnels	Walker*
Borden	Crosby	Grayson*	Karnes	Menard	Rusk	Waller
Bosque	Dallam	Gregg*	Kaufman*	Midland*	Sabine	Ward
Bowie*	Dallas*	Grimes	Kendall	Milam	San	Washington
Brazoria*	Dawson	Guadalupe*	Kenedy	Mills	San Jacinto	Webb*
Brazos*	Deaf Smith	Hale	Kent	Mitchell	San	Wharton
Briscoe	Delta	Hall	Kerr	Montague	San Saba	Wheeler
Brooks	Denton*	Hamilton	Kimble	Montgomery*	Schleicher	Wichita*
Brown	DeWitt	Hansford	King	Moore	Scurry	Wilbarger
Burleson	Dickens	Hardeman	Kinney	Morris	Shackelford	Willacy
Burnet	Dimmit	Hardin	Kleberg	Motley	Shelby	Williamson*
Caldwell	Donley	Harris*	Knox	Nacogdoches*	Sherman	Wilson
Calhoun	Duval	Harrison*	La Salle	Navarro	Smith*	Winkler
Callahan	Eastland	Hartley	Lamar	Newton	Somervell	Wise
Cameron*	Ector*	Haskell	Lamb	Nolan	Starr*	Wood
Camp	Edwards	Hays*	Lampasas	Nueces*	Stephens	Yoakum
Carson	El Paso*	Hemphill	Lavaca	Ochiltree	Sterling	Young
Cass	Ellis*	Henderson*	Lee	Oldham	Stonewall	Zapata
Castro	Erath	Hidalgo*	Leon	Orange*	Sutton	Zavala
Chambers	Falls	Hill	Liberty*	Palo Pinto	Swisher	
Cherokee	Fannin	Hockley	Limestone	Panola	Tarrant*	

\* indica los condados urbanos con una población > 50,000

# RECIBO DE INFORMACIÓN SOBRE LA RED DE COMPENSACIÓN AL TRABAJADOR

Efectivo/Effective: \_\_\_\_\_

Marque Uno/Check One:

- Nota inicial del Empleado/Initial Employee Notice
- Nota de herida/ Injury Notice --la Fecha de la Herida/Date of Injury \_\_\_\_\_

He recibido información sobre cómo obtener atención de salud bajo el seguro de compensación al trabajador. Si me lesionara en el empleo y vivo dentro del área de servicio descrita en este documento entiendo que:

- Tengo que escoger al doctor que me va a tratar de la lista de doctores en la red. O puedo preguntarle a mi médico principal del HMO si acepta tratarme. Si selecciono mi médico de atención primaria de la HMO que acepta ser mi médico tratante, llamaré CorVel al (866) 353-9768 para notificarles de mi elección.
- Me doy cuenta que, excepto en casos de emergencia, debo obtener toda la atención medica incluyendo referencias a especialistas, de mi médico CorCare<sup>®</sup>, incluyendo tratamiento para mi lesión de trabajo indemnizable. Si necesito atención de emergencias, puedo ir a cualquier sala de emergencias.
- La aseguradora pagará directamente al doctor y a los otros proveedores de la red que me dan tratamiento. Yo no recibiré cobros por tratamientos relacionados a mi lesión.

Si recibo tratamientos que no son de emergencia, es posible que yo tenga que pagar las cuentas si voy a Nombre de la red. Vuelva forma al empleador, administrador de portador o terceros.

\_\_\_\_\_  
Firma Fecha

\_\_\_\_\_  
Nombre en letra de imprenta

\_\_\_\_\_  
Mi domicilio: Dirección

\_\_\_\_\_  
Ciudad Estado Código postal

\_\_\_\_\_  
Nombre del empleador

**CorVel Corporation/Texas CorCare<sup>®</sup>** \_\_\_\_\_

Nombre de la red. Vuelva forma al empleador, administrador de portador o terceros.