



WORKWELL, TX

# Sample Form

## Employee Acknowledgment of Workers' Compensation Network

I have received information that informs me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this packet, I understand that:

- 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. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual Insurance Company at (844) 867-2338 to notify them of my choice.
- I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me to a specialist. If I need emergency care, I may go anywhere.
- Texas Mutual will pay the treating doctor and other network providers for the treatment for my compensable injury.
- I may have to pay the bill if I get health care from someone other than a network doctor without prior network approval.

Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

John Smith                      4/13/17                      John R Smith  
 Signature                              Date                              Printed name

I live at: 1118 Westheimer Rd.  
                             Street address  
Houston                      TX                      77077  
                             City                              State                              Zip code

Name of employer: A-1 Personnel of Houston, Inc.

Name of network: WorkWell, TX

### To the employer:

Each employee must sign this form when you begin the program or within 3 days of being hired, and at the time an injury occurs. Please indicate at which point this acknowledgement was completed.

- Initiating the network program (companywide)
- Initial employee notification (new hire)
- Injury notification (Date of injury:    /    /    )

Keep this completed form in the employee's personnel file. It could be requested by Texas Mutual.

