## **Employee Acknowledgment of Workers' Compensation Network**

I have received information that tells 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 information, I understand that:

- 1. 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 at (800) 859-5995 to notify them of my choice.
- 2. 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. If I need emergency care, I may go anywhere.
- 3. The insurance carrier will pay the treating doctor and other network providers.
- 4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
- 5. Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature			Date	
Printed Nam	าย			
l live at:				
	Street Address			_
	City	State	Zip Code	_
Name of Em	ployer: <u>VCBJ CORP DBA Canale</u>	s Furniture		
Name of Ne	twork: Texas Star Network®			
Network se provider.	rvice areas are subject to cha	nge. Call (800) 381-8067	if you need a networ	k treating
Please indi	cate whether this is the:			
	Initial Employee Notification	n		
	Injury Notification (Date of	Injury://	)	

## DO NOT RETURN THIS FORM TO TEXAS MUTUAL INSURANCE COMPANY UNLESS REQUESTED