

UHS Employee Notice of Network Requirements

1. The 79th Legislature, regular session, passed House Bill 7 that enacted, among other laws, Texas Insurance Code Chapter 1305. The purpose of Chapter 1305 is to authorize the use of workers' compensation health care networks to provide quick, efficient, quality medical care to employees injured at work. The University of Houston System's (UHS) workers' compensation provider, The State Office of Risk Management (SORM), has contracted with the IMO Med-Select Network[®], to provide access to a certified Workers' Compensation Health Care Network (HCN).
2. As required, we are providing you this notice of network requirements. Please acknowledge receipt of this information by completing the acknowledgment section below.
3. In the unlikely event that you are injured at work, you will be given an additional notice of network requirements, just to remind you what to do so that you can receive the medical care you need. Please print a copy of the Notice of Network Requirements; videos explaining the HCN; and other resources available on the SORM Health Care Network webpage found at <http://www.sorm.state.tx.us/>

Workers Compensation Network Acknowledgement

I have received information that tells me how to get health care under worker' compensation insurance.

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

1. I must choose a treating doctor from the list of physicians in the **IMO Med-Select Network[®]**. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor by completing the Selection of HMO Primary Care Physician as Workers' Compensation Treating Doctor Form # IMO MSN-5.
2. I must go to my network 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 *may have to pay* the bill if I get health care from someone other than a network doctor without network approval.
5. If I receive the Notice of Network Requirements and refuse to sign the Acknowledgement Form, *I am still required to use the network.*

I acknowledge that the above information was provided to me.

(Signature)

(Date)

(Printed Name)

(Employee ID #)

(Street Address/City/State)

(Zip Code/County)

University of Houston-Clear Lake

IMO Med-Select Network[®]

(Name of Employer)

(Name of Network)