

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

## By signing this form, I acknowledge and understand the following:

- ✓ I received the packet of information that tells me how to receive health care services through my employer's workers' compensation insurance.
- ✓ If I am hurt on the job and live in the service area described in the packet, I must choose a treating doctor from a list of doctors in the Prime Health Services network, or I may ask my primary care physician to act as my treating doctor. If I select my primary care physician, I will call 1-888-512-5454 (toll-free) to notify EK Health Services 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. If I need emergency care, I may go anywhere.
- $\checkmark$  An insurance carrier will pay my treating doctor and other network providers.
- ✓ I might have to pay the bill if I get health care, other than emergency care, from someone other than a network doctor without the network's approval.

ignature		Date	
Printed Name			
Home Address			
City		State	Zip Code
Name of Employer			
Name of Network:	Prime Health Servic	es Texas HCN	
Name of Network: 1 EK Health Services at 1-888-5			
	12-5454 f you need to	) locate a netwo	ork treating doctor.