

Careworks TX HCN

careworksHCN@careworks.com
 P. 800.580.1314, Option 1; F. 800.580.3123

CHANGE OF TREATING PROVIDER FORM

NOTE: You must confirm this form has been received and approved *before* seeing the new treating provider or your carrier may not be liable for the services rendered.

Claim #: _____ DOI: _____ Employer: _____

Employee Name: _____ Phone#: (_____) _____
 (Please Print)

Claims Examiner's Name: _____ Attorney Name (if applicable) : _____

Current Provider Name (First and Last)	Name of Practice	License#
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As an injured employee treating under the Careworks TX HCN you are required to choose a network provider as your primary treating provider unless 1) there is no appropriate treating provider in the approved service area, 2) you have Pre-Designated your HMO provider as your treating provider prior to injury and notified your employer in writing with the Careworks TX HCN Pre-designation form, or 3) a referral to an out-of-network provider has been approved by the Careworks TX HCN

Careworks TX HCN treating providers are defined as having a **primary** specialty in the following fields:

- | | | |
|---|---|--|
| <p>Family Medicine
 Internal Medicine
 Urgent Care Clinics</p> | <p>Family Practice
 Occupational Medicine</p> | <p>General Practice
 Occupational Care Clinics</p> |
|---|---|--|

*** Must work in a specialty setting listed on this form.**

Your Employer will have access to a list of providers that fall within the network to assist you with your options for choosing a new primary treating provider. If you need further assistance in locating a provider, please contact your carrier or Careworks TX HCN.

After a review of my choices, I have chosen to utilize the following provider as my new treating provider.

New Provider Name (First and Last)	Name of Practice
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Address: _____ City _____ ST _____ ZIP _____

Telephone #: (_____) _____ License #: _____

Reason for change :

Employee Signature: _____ Date: _____

Please email this form to:
 HCN Coordinator - CareworksHCN@careworks.com

Fax to:
 HCN Coordinator - 800-580-3123

FOR NETWORK USE ONLY

DATE: ____ / ____ / ____

