



**Workers Compensation Health Care Network
Employee Acknowledgment Form**

I have received information that tells me how to get medical care under workers compensation insurance. I understand that my employer uses the **First Health/Travelers Health Care Network (HCN)**.

If I have a work-related injury or illness and I live in the Network Service Area described in this information, then I understand that:

1. I am required to choose a treating doctor from the list of doctors in the HCN.
Note: There is only one exception to this requirement, which applies if I am covered by an HMO for my Group Health benefits. In that case, I may choose my HMO Primary Care Physician (PCP) to serve as my treating doctor. My PCP must agree to all the requirements of the HCN. I must check one of the following boxes:
 - I choose my HMO PCP to provide any medical care related to a work-related injury or illness. I will call the HCN at 1-866-245-6472 and tell the HCN the name of my PCP, or,
 - I do not choose my HMO PCP to provide any medical care related to a work-related injury or illness.
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.

(Employee Signature) _____
(Date)

(Printed Name)

I live at _____
(Street Address)

(City) _____
(State)
(ZIP Code)

Name of Employer: _____

Name of Network: First Health/Travelers HCN

**The Network Service Area is subject to change.
If you need a treating provider call the HCN at: 1- 866-245-6472.
PLEASE RETURN THE COMPLETED FORM TO YOUR EMPLOYER**