

Texas Injured Worker Intake Form



* Indicates billing information required by the Texas Division of Workers' Compensation

Injured Worker Demographics

Last Name:*	First Name:*	Middle Initial:
Date of Birth:*	SSN:	Gender: * <input type="checkbox"/> F <input type="checkbox"/> M
Address:*		
City:*	State:*	Zip:*
Telephone:		

Injury Claim Information

Claims Administrator Name:*	
Claim Number:*	Injury Start Date:*
Injury Description:	

Employer Information

Employer Name:*		
Address:*		
City:*	State:*	Zip:*
Does the injured worker's employer have workers' compensation coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Certified Workers' Compensation Health Care Network (HCN)

Is the injured worker required to get health care for work-related injuries from a Workers' Compensation Health Care Network (HCN)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, select the applicable HCN on page 2.
If the injured worker is required to get health care for their work-related injury through an HCN, did the injured worker select their provider from within the HCN? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the injured worker is restricted to an HCN but did not select a provider from the HCN or list of contracted providers, do any allowed exceptions apply to the injured worker? <input type="checkbox"/> Emergency treatment <input type="checkbox"/> Injured worker does not live within the HCN service area <input type="checkbox"/> The HCN gave prior approval for treatment by an out-of-network provider

Completed By: _____

Date: _____

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Certified Workers' Compensation Health Care Networks (HCN)

If the injured worker is required to get health care for their work-related injury through an HCN, select the applicable HCN.

<input type="checkbox"/> AIG TX HCN	<input type="checkbox"/> Avidel Medical Management Inc. DBA Caramor TX HCN	<input type="checkbox"/> Broadspire Workers' Compensation Health Care Network (HCN)
<input type="checkbox"/> CareWorks Managed Care Services, Inc.	<input type="checkbox"/> CorVel Healthcare Corporation/Lone Star Network	<input type="checkbox"/> CorVel Healthcare Corporation DBA Texas Corcare Network
<input type="checkbox"/> Coventry Health Care Workers' Compensation Inc. DBA Coventry Workers' Comp Network	<input type="checkbox"/> Coventry Health Workers' Compensation Inc. (CHCWC)/United Airlines TX HCN	<input type="checkbox"/> Employers Medical Provider Network
<input type="checkbox"/> First Health/Constitution State Services LLC HCN DBA First Health/CSS HCN CSS HCN	<input type="checkbox"/> First Health / Travelers HCN	<input type="checkbox"/> GENEX Health Care Network
<input type="checkbox"/> GENEX / Lockheed Martin Aero Employee Select Network (LMAESN)	<input type="checkbox"/> GENEX Workers' Compensation Health Care Network (WCHCN)	<input type="checkbox"/> The Hartford Workers' Compensation Health Care Network-FH
<input type="checkbox"/> IMO Med Select Network/DBA Injury Management Organization, Inc.	<input type="checkbox"/> Liberty Health Care Network	<input type="checkbox"/> Prime Health Services Inc.
<input type="checkbox"/> Quality Rehabilitation Services, Inc. DBA Argus Provider Network	<input type="checkbox"/> Sedgwick CMS DBA Sedgwick Preferred Network	<input type="checkbox"/> StrataCare Solutions, LLC TX HCN - FH
<input type="checkbox"/> Texas Star Network/Coventry	<input type="checkbox"/> USA Workers' Injury Network, Inc.	<input type="checkbox"/> WorkWell, TX
<input type="checkbox"/> Zenith Health Care Network	<input type="checkbox"/> Zurich Services Corporation Healthcare Network	