

Employee Acknowledgement Form

I have received information that tells me how to get health care under workers' 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 doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor.
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 Employer/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.

(Signature)

(Date)

(Printed Name)

I live at _____

(Street Address)

(City)

(State)

(Zip Code)

Name of Employer _____