

PRE-DESIGNATION OF HMO PHYSICIAN AS TREATING PHYSICIAN

TO BE COMPLETED BY COVERED EMPLOYEE

I acknowledge receipt of my employer's notice of its participation in a Texas Health Care Network (HCN) for any work-related injuries and am requesting designation of my HMO primary care physician or provider as my treating doctor. I understand that the HCN will grant this request if the physician or provider agrees to abide by the terms of the network's contract and comply with Insurance Code 1305, Subchapters D through I.

_____ (Initial here)

I, _____, predesignate Dr. _____ (hereinafter "doctor") to be my primary treating physician or provider in connection with any workers' compensation claim(s) that might occur.

I certify under the penalty of perjury under the laws of the State of Texas that the above is true and correct to the best of my knowledge.

Executed at _____ Dated: _____

Employee's Name (Print): _____

Employee's Signature: _____

Designated Employer Representative: _____

"Any person who makes or causes to be made any knowingly false, or fraudulent material statement or material representation for the purposes of obtaining or denying workers' compensation benefits or payments is guilty of a felony"

