

SUPERVISOR'S FIRST REPORT OF INJURY

All Fillable Form versions must be printed and submitted with original signatures.

See instruction sheet

ID# _____ TITLE: _____ INJURY DATE: _____ / _____ / _____ Time of Injury: AM PM
Month Day Year

NAME: _____ TELEPHONE: (____) _____ (____) _____
Last First MI Work # Home/Cell#

HOME ADDRESS: _____
Apt# County City Street or Box State Zip Code

Date of Birth: _____ / _____ / _____ SEX: Male Female
Month Day Year

DEPARTMENT: _____ INTEROFFICE ADDRESS: _____ EMPLOYEE/RESIDENT _____ STUDENT _____

SUPERVISOR, _____ TELEPHONE: (____) _____
Attending Physician or Program Director Work # Cell/Pager#

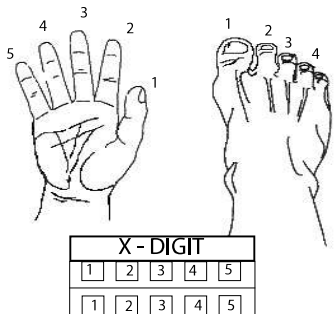
Date Supervisor Notified: _____ / _____ / _____ Time AM PM Witness: _____
Month Day Year

MARITAL STATUS: Married Single Divorced Widow _____
Full Name of Spouse

Put Accident Location Here:

Building Name, Street, City, County, State, Zip Location (ex: Floor/Room #, Hall, Classroom)

BODY PART AFFECTED		X Left or Right	
Check Appropriately		L	R
Head			
Face			
Neck			
Chest			
Stomach			
Back(Lower or Upper)			
Oth-			
Eye			
Shoulder			
Arm or Hand			
Leg or Knee			
Ankle or Foot			
Toe			
Other			



INJURY TYPE	
Check Appropriately	
Fall	
Needle Stick***Click for protocol	
Exposure***Click for protocol	
Sprain / Strain	
Burn	
Contusion / Bruise	
Bite**Describe Source Below	
Laceration / Cut	
Assault or Accident	
Eye Injury	
Other-Describe Below	
Rash	

Provide Brief Description of Reported Injury: _____

- Employee/Resident has been offered medical attention but does not wish to receive any at this time. This does not prevent you from seeking medical attention at a later date. (A) **(Initial here)** _____
- Employee/Resident has received a copy of the Business Procedures Memorandum (BPM) 66-10-04 concerning confidentiality of your social security number. (see pg 6) (B) **(Initial here)** _____
- Employee/Resident has signed Acknowledgement Form (see pg 2) & received Notice of Network Requirement Packet. (Students do not sign the Acknowledgement Form) (C) **(Initial here)** _____

Signature of Injured Party _____ Date _____

Signature of Supervisor, Attending or Director _____ Date _____

INFORMATION RELEASE

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, or my health, to furnish to the U.T. System, Office of Risk Management or its representative any and all information relevant to the injury or illness which I am reporting, including: medical history, consultation reports, hospital records, etc. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Signature of Injured Party: _____ Date: _____

ALL INFORMATION MUST BE COMPLETED BEFORE REPORT CAN BE PROCESSED

Distribution: { Fax a copy to: Risk Management & Insurance, Phone: (713) 500-8127 or 8100, Fax (713) 500-8111
 BSC Employees should contact their supervisor or the supervisor on duty to report their injury.
 Maintain a copy for department files * **Students are not covered under Workers' Compensation, this form is for record only.**

The University of Texas Health Science Center at Houston



Workers' Compensation Network Acknowledgement Form

I have received information (Notice of Network Requirements & Employee Handbook Material) which informs 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 physicians in the **IMO Med-Select Network**[®]. (A list of physicians can be found at www.injurymanagement.com) Or, I may ask my HMO primary care physician to agree to serve as my treating doctor by completing the Selection of HMO Primary Care Physician as Workers' Compensation Treating Doctor Form # IMO MSN-5.
2. I must go to my network 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 *may have to pay* the bill if I get health care from someone other than a network doctor without network approval.
5. If I receive the Notice of Network Requirements and refuse to sign the Acknowledgement Form, *I am still required to use the network.*

Please fill out the following information before signing and submitting this completed acknowledgement form. Injury Management Organization may contact you via phone, email and/or text to provide information to you and/or discuss your work injury.

Name of Carrier: The University of Texas System **Name of Network:** IMO Med-Select Network[®]

Home Address: _____
Street Address – No P.O. Box or Work Address

City

State

Zip Code

County

Printed Name

Date of Injury

Employee Phone Number

Employee Signature

Date

Email

For more information please contact the Office of Safety, Health,
Environment & Risk Management at (713) 500-8100 or 8127

Instructions for Supervisor's First Report of Injury

1. Report work injury/illness to your supervisor. If this is a Needlestick/Bloodborne Pathogens or TB Exposures; **please refer to the protocol sheet and call the appropriate hotline.**
2. **Employee/Resident/Student** need to complete and sign the **Supervisor's First Report of Injury ("FRI")**; including the Information Release section. **Employees/Residents** need to complete & sign the **Network Acknowledgment Form**. ****Submit completed forms to RMI, do not send the entire packet.** The remaining pages concerning the IMO network should be given to the UT Health Employee/UT Health Resident/Fellow. **Non-Employee Residents should complete a visitors form.**
3. **Employee/Resident** if you choose not to seek medical attention initial **(A)**. **{This does not prevent you from seeking care at a later date}.**
4. **Employee/Resident** initial **(B)** indicating that a copy of the Business Procedures Memorandum (BPM) 66-10-04 concerning confidentiality of your social security number was received.
5. **Employee/Resident** initial **(C)** indicating that the Network Acknowledgement Form & the Notice of Network Requirement Packet have been received.
6. Have your **supervisor sign and date the form**. Your supervisor's signature acknowledges the work-related injury/illness was reported and the date the injury/illness was reported.
7. **Submit** the completed forms to **RMI** by fax (713-500-8111) or encrypted email (sondra.k.faul@uth.tmc.edu).
8. **Lost Time?** Call Risk Management & Insurance ("**RMI**")/Workers' Compensation (713) 500-8127 or 8100. An **Employee's Leave Election Form** must be completed and submitted to RMI within 3 days of lost time. This applies even if personal sick or vacation time is used.

IMO Information does not pertain to Students, Visiting Residents or Fellows.

Student should contact UT Student Health Services at 713-500-5171.

Visiting/Non-UTH Employee, Residents or Fellows should complete a visitors form. If employed elsewhere they should also contact their employer.

9. As of **April 1, 2013**, UT System has contracted with IMO Med-Select, a certified workers' compensation health care network, to provide medical care for UT Health employees who sustain work-related injuries/illnesses.

Non-Emergency Care: If you live within the IMO Med-Select network service area, you must seek medical care from an IMO Med-Select network provider. Your medical provider will refer you to a network specialist, if necessary. If you receive medical care from an out-of-network provider, you may be financially responsible for the services provided should it be determined that you live within the network service area. UT Health Employee/UT Health Residents can go to the IMO website at www.injurymanagement.com for a list of network providers.

For your convenience UTH Health Employees/Residents can be seen at UTH Health Service ("UTHS") which is part of the IMO health care network. UTHS is located at 6410 Fannin, UTPB 100. Please call 713-500-3267 ext 1 for treatment. Take a copy of the Supervisor's First Report of Injury and Acknowledgement Form to the appointment. **Emergency Care:** In an emergency situation, you should seek medical care from the nearest hospital emergency room. However, follow-up medical care should be received from a network provider.

Out-of-Network Care: If you live outside of the IMO Med-Select network service area, you are not required to be treated by an IMO Med-Select network provider. Seek medical care from any provider who accepts Workers' Compensation Insurance.

Note: Supervisor/Employer's failure to report lost days, return to work, resignations/terminations within (3) days of knowledge could result in fines up to \$25,000.00 per day per occurrence issued by the Texas Department of Insurance-Division of Workers' Compensation.

Please contact RMI (713-500-8127 or 713-500-8100) or visit the Safety, Health, Environment and Risk Management web page at <https://www.uth.edu/safety/risk-management-and-insurance/>.

Notes for :Visiting Residents/Fellows

1. **Visiting Residents** or **Visiting Fellows** are **not** covered under UTHealth Workers' Compensation. Please contact your employer to obtain directions on handling a claim.
2. **Please complete** the Visitors Form as indicated on the Instruction for the Supervisor's First Report of Injury sheet (Steps 1-8). **For Record Only
3. **Non-Emergency Care:** Contact UT Health Service 713-500-3267 X 1, after hours call: 1-800-770-9206 (24 hours answering service will ensure that exposure coordinator calls back promptly). *See the Needlestick;Blood-borne Pathogen or TB Exposure sheet which is part of this packet for more details. Please notify them that you are not a UT Health employee.
4. **Emergency Care:** You should seek medical care from any provider who will accept your personal insurance or your employees coverage, but let them know you are not a UT Health employee.

Please contact RMI (713-500-8127 or 713-500-8100) or visit the Safety, Health, Environment and Risk Management web page at <https://www.uth.edu/safety/risk-management-and-insurance/>

PROCEEDINGS IN THE EVENT OF A NEEDLESTICK/ BLOODBORNE PATHOGEN OR TB EXPOSURE

<p>Students</p>	<p>UTHealth Employees, Faculty, or Residents (you must receive a UT Health paycheck for these categories)</p>
<p>Wash exposed area with soap and water for at least 15 minutes.</p> <p>Flush mucous membranes with water or saline for at least 15 minutes.</p> <p>If the source patient is known and present, keep individual on-site for 30 minutes (see below).</p> <p>Notify clinic supervisor / hospital supervisor to report injury.</p> <p>Obtain medical evaluation and treatment at: UT Health Services Clinic UTPB Suite 100 713-500-3267 (select Ext. 1) Hours: M-F 7:00am – 4:00pm</p> <p>If after hours, call the Needlestick Hotline: 713-500-OUCH (if after hours the hotline will call you back shortly)</p> <p>Complete the 'UT Health Supervisor's First Report of Injury Form' to document the injury and submit to Risk Management & Insurance Program at OCB 1.330 or fax 713-500-8111</p>	<ul style="list-style-type: none"> • Apply first aid: <ol style="list-style-type: none"> 1. Clean exposed area with soap and water for at least 15 minutes. 2. Flush mucous membranes with water or saline for at least 15 minutes. • If the source patient is known and present, keep individual on-site for a blood draw (*see below) • Notify clinic / supervisor / hospital supervisor to report injury • Obtain medical evaluation and treatment at: UT Health Services Clinic UTPB Suite 100 713-500-3267 (select Ext. 1) Hours: M-F 7:00am – 4:00pm • If after hours, call the Needlestick Hotline: 800-770-9206 (24-hr answering service will ensure exposure coordinator calls back promptly) • Complete the 'UT Health Supervisor's First Report of Injury Form' to document the injury and submit to Risk Management & Insurance Program at OCB 1.330 or fax 713-500-8111
<p>You have the right to the identification, documentation, testing, and results of the source individual infectious disease status. Arrangements should be made immediately with UT Health Services or the hospital where the incident takes place for testing the source individual. Source individual testing should include HIV antibody, Hepatitis C antibody, and Hepatitis B surface antigen.</p>	<p>* In the State of Texas, you have the right to the identification, documentation, testing, and results of the source individual infectious disease status. Arrangements should be made immediately with UT Health Services or the hospital where the incident takes place for testing the source individual. UTP outlying clinics have been provided with exposure kits to draw source patient blood onsite. Source individual testing should include HIV antibody, Hepatitis C antibody, and Hepatitis B surface antigen.</p> <p style="text-align: right;">Revised 05.22</p>

Business Procedures Memorandum 66-10-04

Disclosure of your Social Security Number (“SSN”) is required in order for The University of Texas System to report as required to the Texas Department of Insurance as mandated by state law. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.

The following notices are being provided to you in accordance with Business Procedures Memorandum 66-10-04.

Section 7 of the Federal Privacy Act of 1974 (Historical Note, 5 U.S.C. § 552a)

DISCLOSURE OF SOCIAL SECURITY NUMBER

Section 7 of Pub. L. 93-579 provided that:

(a)(1) It shall be unlawful for any Federal, State or local government agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his social security account number.

(2) [T]he provisions of paragraph (1) of this subsection shall not apply with respect to—

(A) any disclosure which is required by Federal statute, or

(B) the disclosure of a social security number to any Federal, State, or local agency maintaining a system of records in existence and operating before January 1, 1975, if such disclosure was required under statute or regulation adopted prior to such date to verify the identity of an individual.

(b) Any Federal, State, or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.”

§ 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES.

With few exceptions, you are entitled on your request to be informed about the information UTHSC-H collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTHSC-H correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that UTHSC-H collects will be retained and maintained as required by Texas records retention law (Section 441.180, et. seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

(a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that:

(1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual;

(2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and

(3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.

(b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.

Added by Acts 2001, 77th Leg., ch. 1059, § 1, eff. Sept. 1, 2001.

IMO MED-SELECT NETWORK®

**A Certified Texas Workers' Compensation
Health Care Network**

***Employee Handbook for
The University of Texas System***



**NETWORK EMPLOYEE HANDBOOK
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IMO Med-Select Network® | Frequently Asked Questions

*The purpose of this employee handbook is to provide general information by addressing frequently asked questions to all who are employed by **The University of Texas System**, as of April 1, 2013, which represents the effective date of the above named organization joining the IMO Med-Select Network®.*

This program is for any injury that occurs as of April 1, 2013 and thereafter.

1. What is a Texas workers' compensation health care certified network?

It is a program that has been certified by the State of Texas to provide health care services to you if you become injured at work.

2. What is Injury Management Organization, Inc. (IMO)?

IMO is a Certified Utilization Review Agent (URA) and the parent company to the IMO Med-Select Network®. IMO provides Case Management, Pre-Authorization, Medical Bill Review, Industry Care Programs, along with other health care management services.

3. How do I find out more about the IMO Med-Select Network®?

- Visit website at www.injurymanagement.com
- Write to: IMO Med-Select Network®, P.O. Box 260287, Plano, TX 75026
- Call the Network Main Line: 214.217.5939 or 888.466.6381
- Call the Customer Care Line: 214.217.5936 or 877.870.0638

4. What is a service area?

A service area is any county where the network operates with physicians and other health care providers to care for injured employees. If the network lists a county as part of its service area there will be providers for all zip codes in that county ready to provide health care services to the injured employees. If you live in a county covered by a service area, you are required to use a network provider.

5. What should I do if I move to a different zip code?

Notify your employer immediately to assist them in making sure that the network has service area coverage for you.

6. May I use a P.O. Box for my official address when I participate in the network?

No. The network requires a physical address in order to ensure all communication reaches the injured employee.

7. Where does the network operate?

The network operates in the following counties or service areas:

IMO Med-Select Network®								
Anderson	Burleson	Crosby	Glasscock	Hunt	Liberty	Newton	Shackelford	Ward
Andrews	Burnet	Dallas	Goliad	Irion	Limestone	Nolan	Shelby	Washington
Angelina	Caldwell	Delta	Gonzales	Jackson	Live Oak	Nueces	Smith	Wharton
Aransas	Calhoun	Denton	Grayson	Jasper	Llano	Orange	Somervell	Wichita
Archer	Callahan	DeWitt	Gregg	Jefferson	Lubbock	Panola	Starr	Willacy
Atascosa	Cameron	Ector	Grimes	Jim Wells	Lynn	Parker	Sterling	Willbarger
Austin	Camp	El Paso	Guadalupe	Johnson	Madison	Polk	Tarrant	Williamson
Bandera	Cass	Ellis	Hale	Jones	Marion	Rains	Taylor	Wilson
Bastrop	Chambers	Falls	Hardin	Karnes	Martin	Reagan	Terry	Winkler
Baylor	Cherokee	Fannin	Harris	Kaufman	Matagorda	Red River	Titus	Wise
Bee	Clay	Fayette	Harrison	Kendall	McLennan	Refugio	Tom Green	Wood
Bell	Coke	Fisher	Hays	Kenedy	Medina	Robertson	Travis	
Bexar	Coleman	Floyd	Henderson	Kerr	Menard	Rockwall	Trinity	
Blanco	Collin	Fort Bend	Hidalgo	Kleberg	Midland	Runnels	Tyler	
Bosque	Colorado	Franklin	Hill	Lamar	Milam	Rusk	Upshur	
Bowie	Comal	Freestone	Hockley	Lamb	Montague	Sabine	Upton	
Brazoria	Concho	Frio	Hood	Lampasas	Montgomery	San Augustine	Van Zandt	
Brazos	Cooke	Galveston	Hopkins	Lavaca	Morris	San Jacinto	Victoria	
Brewster	Coryell	Garza	Houston	Lee	Nacogdoches	San Patricio	Walker	
Brooks	Crane	Gillespie	Howard	Leon	Navarro	Schleicher	Waller	

8. (a) Will I need to sign any forms to participate in the network?

Your employer / carrier will provide you with a **Notice of Network Requirements** and an **Acknowledgement Form**. You will also be presented with an Acknowledgement Form for signature at the time of injury.

(b) What will happen if I choose not to sign the Acknowledgement Form?

If an employee receives the Notice of Network Requirements and refuses to sign the Acknowledgement Form, they are still required to participate in the network.

9. Who is responsible for paying for my medical care if I receive treatment outside of the network?

If you receive care from an out-of-network provider, you *may* be financially responsible for the health care services if it is determined that you live in the network service area.

10. Who can be a network treating doctor?

The IMO Med-Select Network® requires your treating doctor to be a physician chosen from the network directory who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). The treating doctor must be a specialist in Family Practice, General Practice, Internal Medicine or Occupational Medicine. In El Paso, Texas, all specialists listed above in addition to Physical Medicine Rehabilitation.

11. How do I choose my treating doctor?

After an injury occurs, you must choose your treating doctor from the network provider list. If you need help, you may call a network customer care representative for assistance at 888.466.6381 Monday-Friday 8-5 p.m. CST or online at www.injurymanagement.com and click "Find a Provider".

12. May I select my HMO primary care doctor for my network treating doctor?

Even though your employer does not participate in an HMO, if you do participate in one outside of your employer, you may select your HMO primary care doctor **prior to your injury**. This can be done by completing the Network Form # IMO MSN-5. To obtain this form, please contact the IMO Med-Select Network® at **888.466.6381** or email netcare@injurymanagement.com. The network will contact your HMO doctor to participate in the network. If your doctor does not agree or does not meet the certified network qualification requirements to participate in the network you must choose a treating doctor from the network list.

13. How do I nominate a doctor?

1. The network has a nomination form and credentialing process that must be completed prior to any doctor being considered as a network provider. The first step is to fill out a nomination form available on the IMO website at www.injurymanagement.com or by contacting your claims adjuster.

2. The network will contact your doctor about participating in the network. If your doctor does not agree *or* does not meet the certified network qualification requirements, you must choose another treating doctor from the network list.

14. Am I required to see a doctor close to my residence?

Although the network must provide you with access to a treating doctor within a 30-mile radius of your residence, you can choose any treating doctor on the list of treating doctors in the network.

15. Can my chiropractor or my orthopedic surgeon be my treating doctor?

No. The treating doctor must be a specialist in Family Practice, General Practice, Internal Medicine or Occupational Medicine. In El Paso, Texas, all specialists listed above in addition to Physical Medicine Rehabilitation. For treatment by any other type of specialist, including a chiropractor or orthopedic surgeon, you must be referred by your treating doctor.

16. Do you have physician assistants or nurse practitioners in the certified network?

No. The certified network does not have physician assistants or nurse practitioners contracted to treat injured employees at this time. You may be treated by one of the above if it is under the direction of a medical doctor in the certified network.

17. Can I change my treating doctor?

You are limited to the changes that you can make. These limits are set to ensure that you have quality and continuity in your care.

- Change #1 is called the alternate choice. When you contact the network you will be asked to complete the **Request for Alternate Treating Doctor # IMO MSN-1**. The network will not deny your request for your selection of an alternate choice.
- Change #2 is called your subsequent change. If you have used your alternate choice of treating doctor and you are still dissatisfied, you must request and receive permission from the network for the subsequent change of treating doctor.

You will need to contact the network at:

- Telephone: 214.217.5939 or toll free 888.466.6381
- E-mail: netcare@injurymanagement.com or,
- By faxing the completed form to 214.217.5937 or 877.946.6638
- You may also mail a copy of the **Request For Subsequent Change in Treating Doctor Form # IMO MSN-7** to: IMO Med-Select Network®, P.O. Box 260287, Plano, TX 75026
- Complaints: netcomplaint@injurymanagement.com

18. What do I do if my treating doctor dies, retires, or leaves the network?

If your current treating doctor dies, retires or leaves the network you are allowed a change of treating doctor at any time during your care.

19. What if I don't live in the service area?

If you do not live in the service area, you are not required to receive health care from the certified network. You should contact your claims adjuster to discuss this matter.

20. The Notice of Network Requirements states that I must receive medical care from the network if I live in the network service area. How is "live" defined?

Where an employee lives includes:

- a. The employee's principal residence for legal purposes, including the physical address which the employee represented to the employer as the employee's address;
- b. A temporary residence necessitated by employment; or
- c. A temporary residence taken by the employee primarily for the purpose of receiving assistance with routine daily activities because of the compensable injury.

28 Texas Administrative Code §10.2(a) (14)

21. What if I need to be referred to a specialist?

If you need a specialist, your treating doctor will refer you. You must go to a health care provider in the network, except in emergencies and other special circumstances. All referrals to a specialist must be approved by your treating doctor. Appointments with specialists are to be set no later than 21 days after the date of the request. If there is an urgent medical need, a shorter time period may be appropriate.

22. What if I need a specialist that is not in the network?

If your treating doctor decides there is no provider or facility in the network that can provide the treatment you need for your compensable injury, he or she will contact the network for permission to send you to a provider outside of the network.

Your treating doctor is required to submit to the network a completed referral called a **Request for Out-of-Network Specialist form # IMO MSN-4**. The network will approve or deny the request within seven days of receiving this form from the treating doctor.

You and your treating doctor will be notified by telephone and in writing if the request is not approved. The notice will also explain the appeal process.

23. What is Telephonic Case Management?

When you are injured at work you will be provided with a telephonic case manager (TCM) to assist with coordination of your medical needs. A TCM is a licensed and certified medical professional that will help coordinate the medical services that your doctor recommends. The TCM will also provide education and help with communication between you and your doctor and employer. The network wants you to have the best quality of care and a safe stay at work / return to work health outcome.

24. What is considered to be an emergency?

As defined by the Texas Insurance Code:

“Medical Emergency” – means the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in:

- a. Placing the patient’s health or bodily functions in serious jeopardy; or
- b. Serious dysfunction of any body part or organ.

25. How do I receive emergency care?

You should seek treatment from the nearest urgent care facility or hospital emergency room if emergency care is necessary. The network provider directory lists urgent care centers and hospitals that participate in the network.

26. How can I get a network provider directory?

Your employer will have a network provider directory available. A network provider directory also will be available at:

1. IMO Med-Select Network® Website: www.injurymanagement.com
2. Or you may call us directly at:
 - a. Network Main Line – 214.217.5939 or 888.466.6381
 - b. Customer Care – 214.217.5936 or 877.870.0638

27. Will medical services need prior approval?

Some medical services must be approved in advance. Unless there is an emergency need, your treating doctor must contact the network for approval prior to providing the following health care services:

IMO Network Preauthorization List *Emergency care never requires Preauthorization*

1. *Hospital and Surgical Care:*
 - a. All inpatient admissions including length of stay and, when necessary, extending the authorized length of stay. Including all nursing home/convalescent services.
 - b. All inpatient and outpatient surgical procedures performed in hospital or Ambulatory Surgical Center (ASC)
2. *Mental Health Care:*
 - a. All psychological/psychiatric services after the completion of the initial evaluation.
 - b. Testing, therapy, repeat interviews, and biofeedback.
3. *Physical Medicine Services (PT, OT, ST, CHIRO):*
 - a. Any additional requested beyond Network notification listed below
 1. Physical medicine outside of the first six sessions rendered/completed within 2 weeks following the initial date of injury
 2. Physical medicine outside of the first six sessions rendered/completed within 2 weeks post authorized surgical intervention.
4. *Diagnostics:* Repeat Diagnostics study > \$350 per fee schedule, or without fee schedule value.
5. *Injections:* All injections to include steroid, ESI, facet, trigger point, synvisc, SI, prolotherapy, chemonucleolysis, discograms, medial branch blocks and rhizotomies.
6. *Rehabilitation Programs:* All Rehabilitation, Work Conditioning, and Work Hardening programs. This includes home health/residential treatment.
7. *Durable Medical Equipment:* (DME) billed at \$1000 or greater per item, either cumulative rental or purchased including Bone Growth Stimulator and TENS Unit.
8. *Treatment not addressed or not recommended by Evidence Based Guidelines:* Unless pre-approved as part of a treatment plan.
9. *RX:* Drugs on the “N” list and all compounds.

10. *Dental*: Procedures requested after initial evaluation.
11. *Investigational TX*: Any investigational or experimental service or device for which there is early, developing, scientific or clinical evidence demonstrating the potential efficacy of the treatment, service, or device that is not yet broadly accepted as the prevailing standard of care.
12. *Pain Medicine/Other Programs*: Chronic Pain Management/Interdisciplinary Pain Rehabilitation.
13. *Treatment for Disputed Body Part & Conditions*: Any treatment for an injury or diagnosis that is not accepted by the carrier per Labor Code §408.0042 and 28 Tex. Admin. Code §126.14.
14. *Misc.*: K-Wire removal, Chemo, Radiation.

28. What happens if I am unable to work?

Your telephonic case manager will work with your doctor, employer and workers' compensation adjuster to coordinate possible work programs to accommodate your restrictions while rehabilitating.

29. How do I file a complaint?

1. If you are dissatisfied with any aspect of the network, you may file a complaint by completing the **Complaint Form # IMO MSN-3**.
2. You must file the complaint within 90 days of the event about which you are dissatisfied.
3. To obtain and submit this form you can contact the **Network Complaint Dept.** by:
 - a. Writing: P.O. Box 260287, Plano, TX 75026
 - b. Calling: 877.870.0638
 - c. E-mailing: netcomplaint@injurymanagement.com
4. The network will respond to your complaint with a letter of acknowledgment within seven calendar days after receipt of the complaint.
5. Every complaint will be investigated and resolved within 30 calendar days after receipt of the complaint.
6. The network will send a letter to you explaining its decision and recommendations.

30. How do I file an appeal?

1. If you are dissatisfied with the complaint response, you must submit your appeal either by calling the network at 877.870.0638 or writing to the network. This process does not require a form completion, but you may use the Complaint Form # IMO MSN-3 and check the appropriate box to indicate that you are filing an appeal:

IMO Med-Select Network® Attention:
NetAppeal Committee P.O. Box 260287
Plano, TX 75026

2. File the appeal within 15 days of receiving the decision letter.
3. The network will send a letter when it receives the appeal and once again when the decision is made.

31. What should I do next, if I do not agree with the network's complaint or appeal resolution?

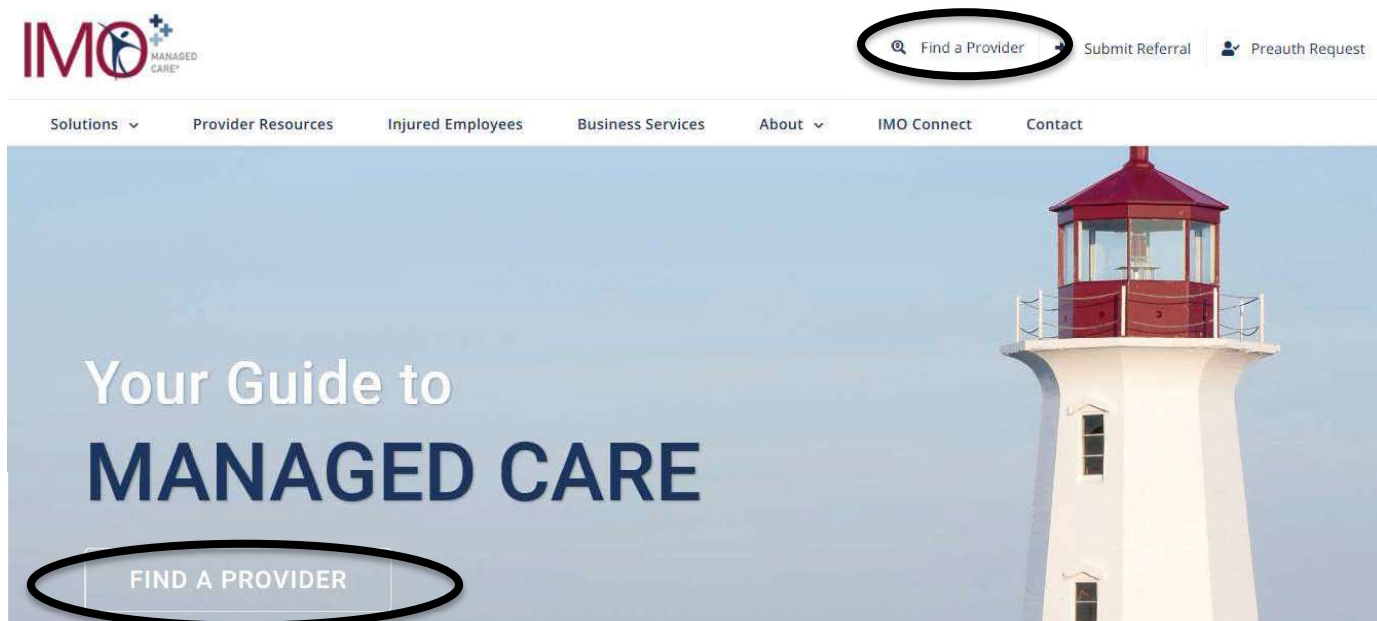
If you are dissatisfied with the network's complaint or appeal resolution, you may file a complaint with the Texas Department of Insurance (TDI). A complaint form can be accessed at:

1. TDI Website at www.tdi.state.tx.us, or
2. TDI HMO Division at the following address: HMO Division, Mail Code 103-6A, Texas Department of Insurance, P.O. Box 149104, Austin, TX 78714-9104

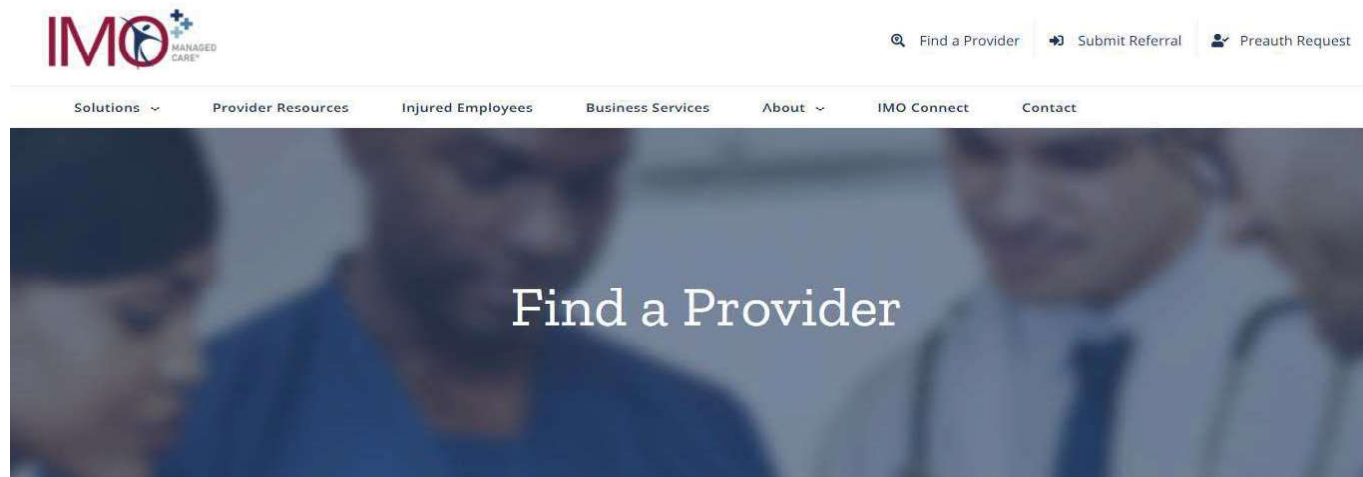
Find a Provider Search Instructions

www.injurymanagement.com

The “Find a Provider” search button is located in the upper right corner of the website or on the home page.



Pressing the button will take you to the “Find A Provider Page”:



Search the IMO Med-Select Network

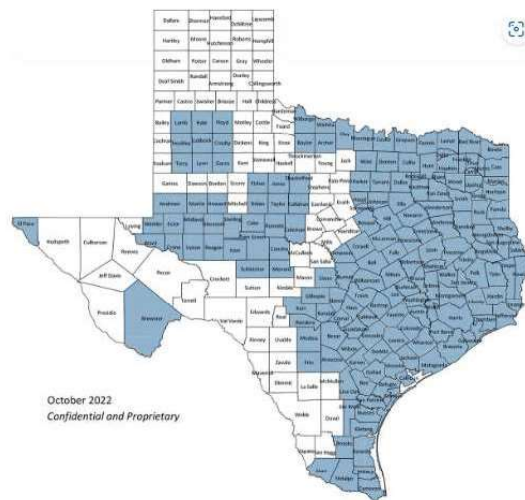
Determine Your Service Area

As you scroll down on the page you will see Determine Your Service Area. “The IMO Med-Select Network® service areas include the following counties:

IMO Med-Select Network®								
Anderson	Burleson *	Crosby *	Glasscock *	Hunt	Liberty	Newton *	Shackelford *	Ward *
Andrews *	Burnet *	Dallas	Goliad *	Irion *	Limestone *	Nolan *	Shelby *	Washington *
Angelina	Caldwell *	Delta *	Gonzales *	Jackson *	Live Oak *	Nueces	Smith	Wharton *
Aransas *	Calhoun *	Denton	Grayson	Jasper *	Llano *	Orange	Somervell *	Wichita
Archer *	Callahan *	DeWitt *	Gregg	Jefferson	Lubbock	Panola *	Starr	Willacy *
Atascosa *	Cameron	Ector	Grimes *	Jim Wells *	Lynn *	Parker	Sterling *	Willbarger *
Austin *	Camp *	El Paso	Guadalupe	Johnson	Madison *	Polk *	Tarrant	Williamson
Bandera *	Cass *	Ellis	Hale *	Jones *	Marion *	Rains *	Taylor	Wilson *
Bastrop	Chambers *	Falls *	Hardin	Karnes *	Martin *	Reagan *	Terry *	Winkler *
Baylor *	Cherokee	Fannin *	Harris	Kaufman	Matagorda *	Red River *	Titus *	Wise
Bee *	Clay *	Fayette *	Harrison	Kendall *	McLennan	Refugio *	Tom Green	Wood *
Bell	Coke *	Fisher *	Hays	Kenedy *	Medina *	Robertson *	Travis	
Bexar	Coleman *	Floyd	Henderson	Kerr *	Menard *	Rockwall	Trinity *	
Blanco *	Collin	Fort Bend	Hidalgo	Kleberg *	Midland	Runnels *	Tyler *	
Bosque *	Colorado *	Franklin *	Hill *	Lamar *	Milam *	Rusk	Upshur *	
Bowie	Comal	Freestone *	Hockley *	Lamb *	Montague *	Sabine *	Upton *	
Brazoria	Concho *	Frio *	Hood	Lampasas *	Montgomery	San Augustine *	Van Zandt	
Brazos	Cooke *	Galveston	Hopkins *	Lavaca *	Morris *	San Jacinto *	Victoria	
Brewster *	Coryell	Garza *	Houston *	Lee *	Nacogdoches	San Patricio	Walker	
Brooks *	Crane *	Gillespie *	Howard *	Leon *	Navarro *	Schleicher *	Waller *	

* Rural Counties

If you **do not** live in a geographical county listed, please contact your insurance carrier whose information can be given by your employer. If you **do** live in a geographical county listed, please proceed to Step 1.” Note: A color-coded service area map by county is given / available (see below).



The IMO “Find a Provider” process includes a total of two steps.

Step 1: Define Your Search

1 SEARCH BY ZIP CODE **OPTIONAL PROVIDER DETAILS**

Enter Your Zip Within 15 Miles Practice Name Provider Last Name Provider City Tax ID#

2 CHOOSE PROVIDER TYPE
See Network Disclaimer Below for Provider Restrictions.

Treating Doctors Specialists / Facilities MMI / IR Physicians Telemedicine All Providers

Select Practice Type Select Specialty / Facility

Search

- Enter Your Zip Code
- Tell us Your Preferred Distance
 - Less than 5 Miles
 - 15 Miles
 - 30 Miles
 - 60 Miles
 - 75 Miles

Other boxes you can fill in but it is not required: (if one of these is selected, the zip code is not required)

- Search by Practice / Facility Name
- Search by Provider Last Name
- Search by City Name
- Search by Provider Tax ID Number

Step 2: Choose Your Provider Type

- Treating (Note: When selected, the following disclaimers will appear)
 - The IMO Med-Select Network® requires your **Treating Doctor** to be a physician chosen from the network directory and who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO).
 - Treating Doctors’ primary service **must** be one of the following: Family Practice / Family Medicine, General Practice / General Medicine, Occupational Medicine, Internal Medicine, or Physical Medicine / Rehabilitation (El Paso service area only).

- Specialist (Note: When selected, the following disclaimer and dropdown options will appear)
 - Your Treating Doctor **must** be the one to refer you to a Specialist.
 - Note: To see a list of dropdown fields visit www.injurymanagement.com and click on the “Select Specialty” within the Specialists/Facilities box.
- MMI / IR (Note: When selected, the following disclaimer will appear)
 - Your Treating Doctor **must** be the one to refer you to a Maximum Medical Improvement and / or an Impairment Rating Provider.
- All Providers (Note: When selected, the following disclaimer will appear)
 - Your Treating Doctor **must** be the one to refer you to a Specialist or a Maximum Medical Improvement and / or an Impairment Rating Provider.

After the above is submitted, the person will see the following information in this order (from left to right). A snapshot of our current Website provider list is below for zip code 75287.

1. Practice / Facility Name
2. Provider Name, Last, First
3. Specialty
4. Address
5. City
6. State
7. Zip Code
8. Phone Number
9. County

593 Providers Found In Your Area

New Search

[Print List](#) [Nominate Provider](#)

Practice / Facility Name	Provider	Specialty	Address	City	State	Zip	Phone	County
CareNow_Carrollton	Paul Alberica, MD	Family Medicine	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 932-9495	Denton
CareNow_Carrollton	Jason Albers, MD	Family Medicine	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 932-9495	Denton
CareNow_Carrollton	Russell Brofer, DO	Family Practice	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 932-9495	Denton
CareNow_Carrollton	Shelia Calderon, MD	Internal Medicine	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 932-9495	Denton
CareNow_Carrollton	CareNow Carrollton, UCF	Urgent Care Facility	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 932-9495	Denton
CareNow_Carrollton	Edward Carew, DO	Family Practice	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 932-9495	Denton
CareNow_Carrollton	Thomas Chiu, MD	Family Medicine	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 932-9495	Denton

In the upper right-hand corner of the screen, you have the ability to print or email the listing. If you press the facility (highlighted in red) you will be taken to another screen from which you can print or save to a pdf.

New Search

Print Details

CareNow Carrollton

PROVIDER:
Paul Alberico, MD

SPECIALTY:
Family Medicine

ADDRESS:
1017 W. Hebron Parkway
Carrollton, Texas 75010

COUNTY:
Denton

PHONE:
[\(972\) 939-9495](tel:(972)939-9495)

FAX:
[\(972\) 939-0230](tel:(972)939-0230)



Disclaimers:

IMO Med-Select Network® Directory Disclaimers

Choosing a Provider Type

Treating Doctors: The IMO Med-Select Network requires your **treating doctor** to be a physician chosen from the network directory and who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). Treating doctors' primary service **must** be one of the following: Family Practice / Family Medicine, General Practice / General Medicine, Occupational Medicine, Internal Medicine or Physical Medicine & Rehabilitation (in El Paso only).

Specialists: Your treating doctor must be the one to refer you to a specialist.

MMI / IR Physicians: Your treating doctor must be the one to refer you to a Maximum Medical Improvement and / or an Impairment Rating Physician.

Telemedicine: You may choose a Telemedicine Treating Specialty as your Primary Treating Doctor. There is no service area requirement for Telemedicine.

Network Service Areas

Main coverage areas include Austin, Houston, North Texas, San Antonio, El Paso, Corpus Christi, West Texas and the Valley. More information can also be found on the IMO Med-Select Network® page.

All providers listed in this directory are accepting new patients. IMO has made every effort to ensure the accuracy of this listing. However, changes may occur daily. We recommend that you confirm with the health care provider, prior to receiving services, that he/she is currently participating in the IMO Med-Select Network®. The network ensures access to a treating doctor or general hospital located within 30 miles of your residence if you live in a non-rural area or within 60 miles of your residence if you live in a rural area. The network also ensures access to a specialist or specialty hospital located within 75 miles of your residence if you live in either a non-rural or rural area. If you are unable to locate a provider on this list within the applicable distance, please contact the network at [888.466.6381](tel:888.466.6381).