



The University of Texas System (UT), Office of Risk Management is pleased to inform you that we have contracted with the IMO Med-Select Network (IMO) to provide medical treatment for UT System employees with work-related injuries or illnesses.

In accordance with the *Texas Labor Code*, all employees of the UT System institutions who are injured in the course and scope of their employment are entitled to reasonable and necessary medical care to treat their work-related injury or illness. The UT System is self-insured for workers' compensation insurance and the program is administered by the Office of Risk Management.

Beginning **April 1, 2013**, if you are injured on the job and you elect to seek care outside of M.D. Anderson Cancer Center's Employee Health & Well-being Clinic, you will be required to obtain medical care from an IMO network provider unless it is an emergency. If you have a medical emergency, you should go to the closest urgent care center or emergency room. IMO is a Texas Department of Insurance certified workers' compensation health care network. The IMO Med-Select Network includes over 3,000 credentialed providers including treating physicians and specialists. Approximately 85% of injured UT System employees are already being treated by providers in the IMO network.

MD Anderson employees may continue to seek care for work-related injuries/illnesses through the Employee Health Clinic. [MD Anderson Cancer Center's Employee Health Clinic](#) is located in the 1MC Building and is open Monday – Friday 7:30am to 4:30pm. The main number to the clinic is: 713-745-6900. Employee Health should be notified immediately of any employee accident/injury. An Employee Health Nurse Case Manager is available to assist you with questions/concerns related to any work-related injury/illness at MD Anderson Cancer Center.

Current claims handling procedures will remain in effect for injuries occurring before March 1, as well as for injured workers who live outside the network service area. To determine if you are in the network service area please follow the link below to the Notice of Network Requirements and see the list of counties covered by the network.

**This network only applies for work-related injuries and has no impact on health insurance benefits offered by The University of Texas System.**

Texas Department of Insurance requires that employees be notified that the UT System has a health care network. Network related information can be found @ <http://www.utsystem.edu/orm/wcihcnetwork/wcinetwork.htm>

The language in the acknowledgement form attached is required by the Texas Department of Insurance and the reference to an HMO may not apply to you.

**IF FURTHER INFORMATION IS NEEDED PLEASE CONTACT *Employee Health and Well-being- 713-745-6900***

# The University of Texas M.D. Anderson Cancer Center

For More Care and Information Please Contact Employee Health & Well-Being at (713) 745-6900



## 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**<sup>®</sup>. (A list of physicians can be found at [www.injurymanagement.com](http://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<sup>®</sup>

**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**

Centro Oncológico M.D. Anderson de la Universidad de Texas  
Para obtener más atención e información, comuníquese con Salud y  
bienestar de los empleados al (713) 745-6900



**Red de compensación al trabajador  
Recibo de Información**



He recibido la Notificación de los requisitos para utilizar la Red que me explica cómo obtener atención médica a través de la Red de compensación al trabajador.

Si me lastimo en el trabajo y vivo en el área de servicio descrita en esta información, entiendo que:

1. Debo elegir un médico tratante de la lista de médicos pertenecientes a la **red de IMO Med-Select Network®**. (Se puede encontrar una lista de médicos en [www.injurymanagement.com](http://www.injurymanagement.com)) O puedo pedir a mi médico de atención primaria en mi HMO que acepte ser mi médico tratante, para lo cual debo llenar el Formulario # OMI MSN-5, titulado Médico de atención primaria de HMO como médico tratante del seguro de compensación al trabajador.
2. Debo recurrir a mi médico tratante de la red para toda atención médica relacionada con mi lesión. Si necesito a un especialista, mi médico tratante hará el referido. Si necesito una atención de emergencia, puedo ir a cualquier lugar.
3. El UT System pagará al médico tratante y demás proveedores de atención médica de la red.
4. Es posible *que me vea obligado a pagar la factura si recibo atención médica de alguien que no pertenezca a la red sin obtener autorización de la red.*
5. Si recibo la Notificación de requisitos para utilizar la red y si niego a firmar el Recibo de Información, *aún estoy obligado a utilizar la red.*

Complete la siguiente información antes de firmar y enviar este formulario de reconocimiento completo. La Organización de Manejo de Lesiones puede comunicarse con usted por teléfono, correo electrónico y/o mensaje de texto para brindarle información y/o analizar su lesión laboral.

**Nombre de la compañía:** The University of Texas System c/o CCMSI

**Nombre de la red:** IMO Med-Select Network® **Fecha de la lesión:** \_\_\_\_\_

**Domicilio:** \_\_\_\_\_  
**Calle – No se admiten apartados de correo ni la dirección del trabajo**

\_\_\_\_\_  
**Ciudad                      Estado                      Código postal                      Condado**

\_\_\_\_\_  
**Firma del empleado                      Número de teléfono del empleado**

\_\_\_\_\_  
**Nombre y apellidos en letra de molde                      Fecha                      Correo electrónico**