PRE-DESIGNATION OF HMO PHYSICIAN AS TREATING PHYSICIAN

TO BE COMPLETED BY COVERED EMPLOYEE

I acknowledge receipt of my employer's any work-related injuries and am requesti treating doctor. I understand that the HCN the terms of the network's contract and co	ting designation of my HMO pri Nwill grantthis request if the ph	imary care physician or provider as my hysician or provider agrees to abide by
(Initial here)		
I,, preto be my primary treating physician or prov might occur.	edesignate Drvider in connection with any wo	(hereinafter "doctor") rkers' compensation claim(s) that
I certify under the penalty of perjury unde the best of my knowledge.	erthe laws of the State of Texas	that the above is true and correct to
Executed at	Da	nted:
Employee's Name (Print):		
Employee's Signature:		
Designated Employer Representati	iive:	

"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"



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