



Stephen F. Austin State University, a member of The University of Texas System
Employee's First Report of Work-Related Injury or Occupational Disease

Employee Information

Injured Employee's Name: _____ Male () Female () Date of Birth: ___/___/____

Home/Cell Phone: (____) _____ Work Phone: (____) _____ Preferred Language: _____

Employee ID: _____ Race: Asian () Black () White () Other () Ethnicity: Hispanic () Native American () Other ()

Work Email Address: _____ Personal Email Address: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Marital Status: Married () Single () Widowed () Spouse's Name: _____ () NA # of dependent children? ___ () NA

Position/Title: _____ Employing Department: _____ Full Time () / Part Time ()

Incident Information

Location where this occurrence happened? (Please be specific.) _____

Address or name of building / location where this occurrence happened? _____

Date of occurrence: _____ Time of occurrence: _____ () AM () PM Did you notify your supervisor? () Yes () No

Date Supervisor Notified: _____ Time _____ () AM () PM Name of Supervisor: _____

Were there any witnesses to this occurrence? () Yes () No _____ (____) _____
 Witness Name Phone

Did you seek medical treatment for this occurrence? () Yes () No If Yes, List name, phone and address of hospital / physician:

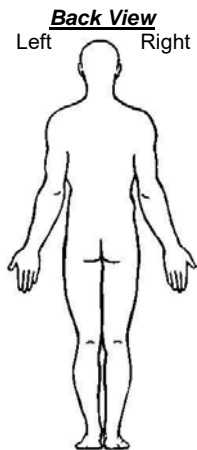
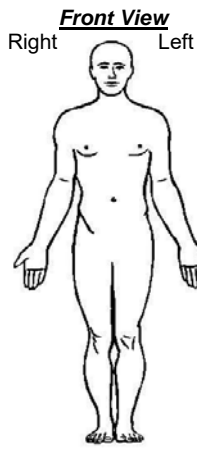
***Employees who live in the network service area must seek medical attention from any physician or clinic within the Workers' Compensation Provider Network**

Were days lost from work due to occurrence (not including injury date)? () Yes () No

Have you returned to work? () Yes () No, Date Returned: ___/___/____

Please mark the areas of the body picture below that reflect where you were injured and check the appropriate boxes to the left.

- () Back
- () Head
- () Face
- () Neck
- () Shoulder
- () Arm
- () Wrist
- () Hand
- () Finger(s)
- () Chest
- () Abdomen
- () Ribs
- () Hips
- () Buttocks
- () Thigh
- () Knee
- () Leg
- () Ankle
- () Foot
- () Other



Describe in detail the nature of your injury or occupational disease and how it happened (if more space needed, write on back of sheet)

The above statement is true and accurate to the best of my knowledge. I confirm that the occurrence described above happened while I was performing my essential job duties that were assigned to me by The University of Texas System Administration and my employing department. I understand that information related to the incident, including the nature of the injury or occupational disease, may be shared with Environmental Health, Safety & Risk Management department and other applicable departments for improvements in workplace safety and preventing future accidents and injury.

Injured Employee's Signature	Date	Extension
Supervisor's Signature	Date	Extension

Please email the completed First Report of Injury and completed IMO Network Acknowledgement form to Workers' Compensation at WCI@sfasu.edu

Stephen F. Austin State University, a member of The University of Texas System



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

Please email the completed First Report of Injury and completed IMO Network Acknowledgment form to Workers' Compensation: WCI@sfasu.edu



WORKERS' COMPENSATION INSURANCE EMPLOYEE'S LEAVE ELECTION

Employee's Name

Claim Number

Date of Injury

If you have an on-the-job injury covered by workers' compensation insurance and are unable to work because of the injury, The University of Texas System will allow you to remain on the payroll by using all paid leave available to you.

If you choose to use paid leave, you must first use all available sick leave. Once all sick leave has been used, you may then choose to use one or more days of other paid leave in lieu of receiving temporary income benefits (TIBs). If you are still unable to work after using all paid leave, you will be removed from the payroll and TIBs may begin.

If you do not wish to use leave, or all leave is exhausted, please be advised:

You are not eligible for TIBs unless you miss more than 7 days of work due to your injury. This seven-day waiting period is only payable if your inability to work extends to the 14th day.

EMPLOYEE ELECTION	<p>Choose only ONE election, either Option 1 OR Option 2 below:</p> <p><input type="checkbox"/> OPTION 1- Paid Leave</p> <p>When I lose time from work due to this injury or illness, I elect to use all accrued sick leave to remain on the payroll.</p> <p>Once sick leave has exhausted, choose one of A, B, or C below:</p> <p><input type="checkbox"/> A. All of my other available leave.</p> <p><input type="checkbox"/> B. A portion of my other available leave. I wish to use _____ hours of my other available leave.</p> <p><input type="checkbox"/> C. None of my other available leave.</p> <p><input type="checkbox"/> OPTION 2- Leave Without Pay</p> <p>I do not wish to use leave, or no leave is available. Place me on leave without pay for all lost workdays. I understand temporary income benefits (TIBs) will begin following the statutory seven-day waiting period if I have not been released to return to work.</p>
	<p>OFFICE USE</p> <p>EMPLOYEE LEAVE BALANCE AS OF: _____ (MM/DD/YYYY)</p> <p>Sick Leave: _____ hours Other Leave*: _____ hours (Include <i>Vacation, Compensatory, Other</i>)</p> <ul style="list-style-type: none"> The first full workday covered by sick or other leave balance is _____ <p>Leave Exhaustion Dates:</p> <ul style="list-style-type: none"> The last full workday covered by employee's sick leave balance is _____ The last full workday covered by employee's other leave election is _____ The first day of unpaid leave is _____ (This date should correspond to the first unpaid leave date on the employee's paycheck)

By signing below, I understand that I may not change my sick leave election once submitted. Once sick leave is exhausted, I may use all or a portion of other available leave before being placed on TIBs.

Employee or Employee Representative Signature

Date

WCI Form-23 Instructions

Employee Instructions

Injured employees may elect to use accrued sick leave and all, some, or none of their other available leave for time missed from work due to the work-related injury. Accrued sick leave and other available leave are the amounts of paid leave available at the time of injury. The following information details the effects of the different choices available to you.

If You Choose Option 1- Paid Leave

- You must use all accrued sick leave but may elect to use all, some, or none of your other available leave.
- All sick leave must be exhausted before other available leave may be used. Once sick leave is exhausted, you will be asked to make an election regarding other available leave.
 - If you select 1A and return to work but later have additional days of disability, you must use any accrued sick and other available leave before receiving workers' compensation income benefits.
 - If you select 1B, you must use any sick leave balance and can elect to use any hours of other available leave before receiving workers' compensation income benefits. Upon exhaustion of this choice, you may elect to use additional available leave to remain on the payroll.
 - If you select 1C, you must use any/all accrued sick leave before receiving workers' compensation income benefits.

Leave exhaustion- For the purposes of entitlement to income benefits, sick leave shall be considered exhausted when remaining sick leave hours are insufficient to cover a full work shift. Sick leave can be used in conjunction with other paid leave to cover a full work shift if other paid leave is elected by the employee. Other paid leave shall be considered exhausted when remaining leave hours are insufficient to cover a full work shift.

- Workers' compensation income benefits do not begin until the eighth day of disability. Employees who are disabled for at least 14 days will receive retroactive benefits for any portion of the seven-day waiting period not paid by leave. *Note: "Disability" means the inability because of a compensable injury to obtain and retain employment at wages equivalent to the preinjury wage.*
- You will continue to receive your full pay if you have available leave and have authorized your institution to use it for your injury. If your elected leave is exhausted, you may receive income benefits to replace a portion of your lost wages. This may be 60%, 70%, or 75% of your average weekly wage depending on your employment status and wages at the time of your injury.
- It is recommended that you consult with your Human Resources department (leave management) to discuss the impact of your election on leave balances and insurance benefits should you be off work for an extended period.

If You Choose Option 2

- You choose to not use any sick or other available leave for your compensable injury, you will be immediately placed on leave without pay for all lost days.
- You will not be eligible to receive any workers' compensation income benefits for the first seven (7) calendar days you are unable to work. If eligible, TIBs will begin on the 8th day of disability and employees who are unable to work for 14 days will receive retroactive payment of benefits for the first seven days. You will be paid at a rate of 60%, 70%, or 75% of your weekly wage depending on your wages at the time of your injury.
- If you have available leave but elect leave without pay, you will not be able to change your election to use leave at a later date.

Employer WCI Representative Instructions

- In the office use section, you or a department timekeeper enter the employee's leave balances and as of date.
- Leave fields should include ALL available sick leave or other available leave to the employee via the institution, other than sick. This could include vacation, compensatory time, etc.
- The first full workday covered by sick or other leave will be the first full day lost from work following the date of injury. Do not list the date of injury in this field. If no sick or other leave is available, enter '0' in the related field.
- Leave exhaustion dates:
 - For sick leave, calculate and enter the last full workday covered. *Note: Leave is not used for regularly scheduled days off.*
 - For other leave elections, begin with the next workday NOT covered by sick leave and calculate the last full workday covered by employee's election of other leave hours. *Note: Leave is not used for regularly scheduled days off.*
 - Once sick and other leave exhaustion dates are identified, using the employee's regular work schedule, enter the first day NOT covered by sick or other elected leave balance. This is the date employee is to be removed from the payroll and placed on leave without pay (LWOP). This date should correspond to the first unpaid leave date on the employee's paycheck.

FIRST FILL PRESCRIPTION PROCESS

STEPHEN F. AUSTIN STATE UNIVERSITY

Upon receiving prescriptions for a work-related injury for one of your employees, please provide the injured worker with a copy of this instruction sheet or ask them to text **STE22** to toll free 833-FRSTFILL (833-377-8345). The injured worker will complete the process and then present their billing information via mobile device.

INJURED WORKER

Please follow the below instructions to obtain your First Fill Prescription Card.

Text
STE22
to 833-377-8345

How it Works

01

Text

Text **STE22** to toll free
833-FRSTFILL (833-377-8345)

02

Follow the On-Screen
Step by Step Instructions

03

Receive First Fill Card

You will receive an image of your
prescription card right to your phone.

04

Fill Your Prescriptions

Present your First Fill Prescription Card along
with your injury related prescription(s) to your
local pharmacy.



If you encounter any problems filling your prescriptions,
please call RxBridge toll-free at 833-RxBridge (833-792-7434)

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?

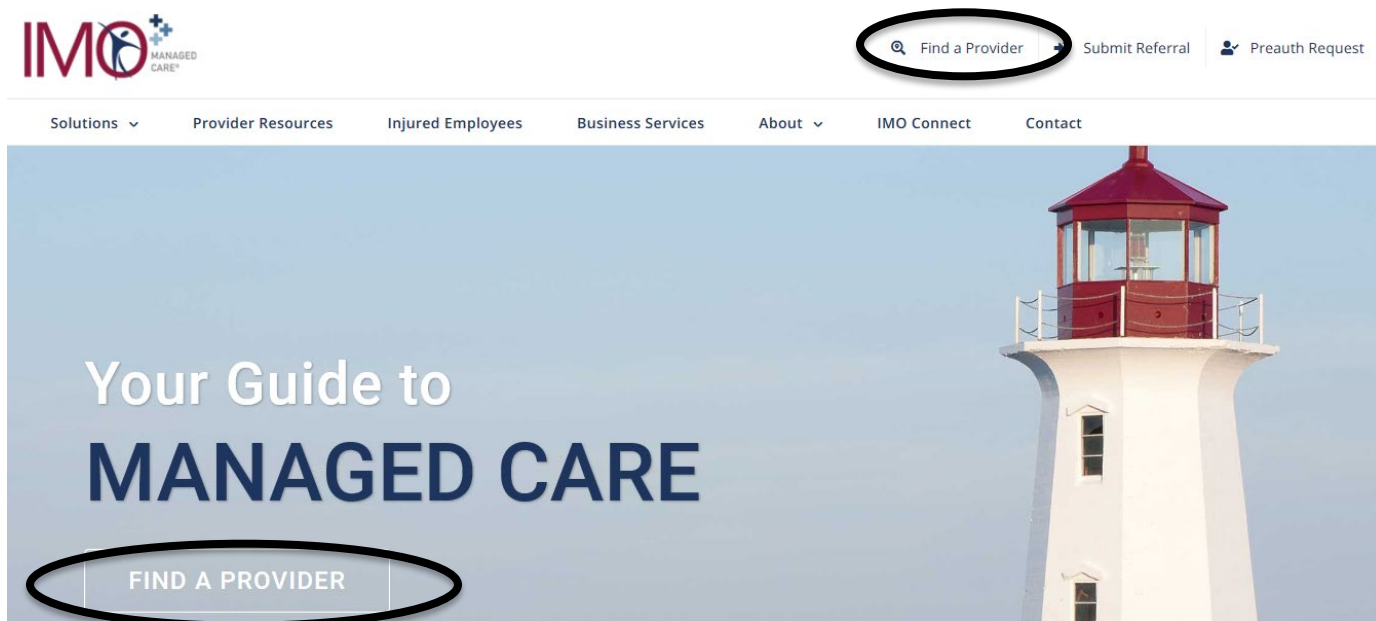
If you are dissatisfied with the network's complaint or appeal resolution, you may file a complaint with the Texas Department of Insurance (TDI). A complaint form can be accessed at:

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

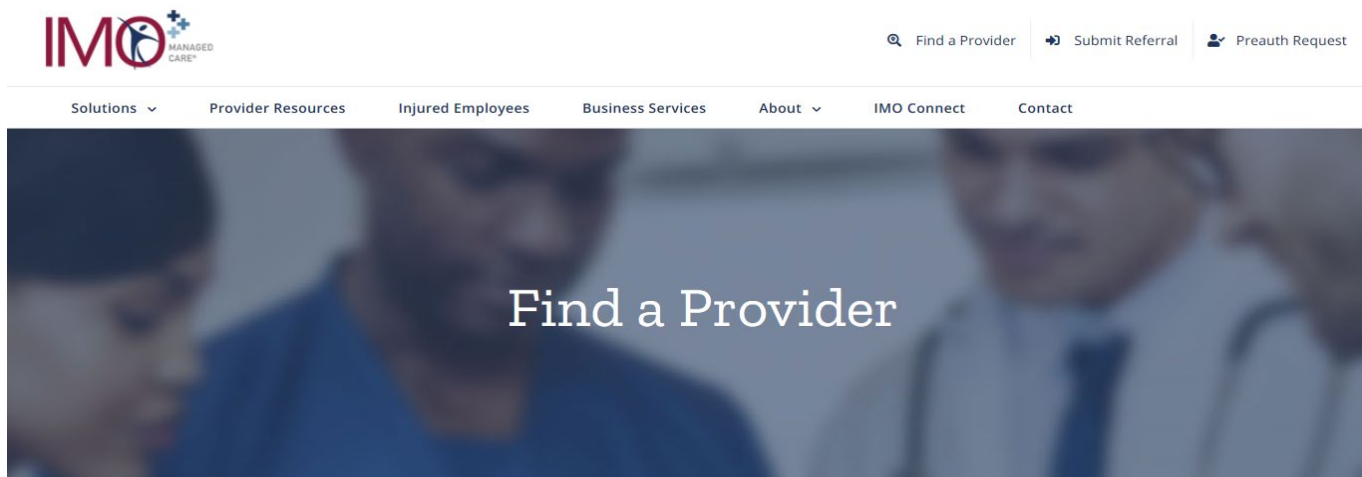
Find a Provider Search Instructions

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

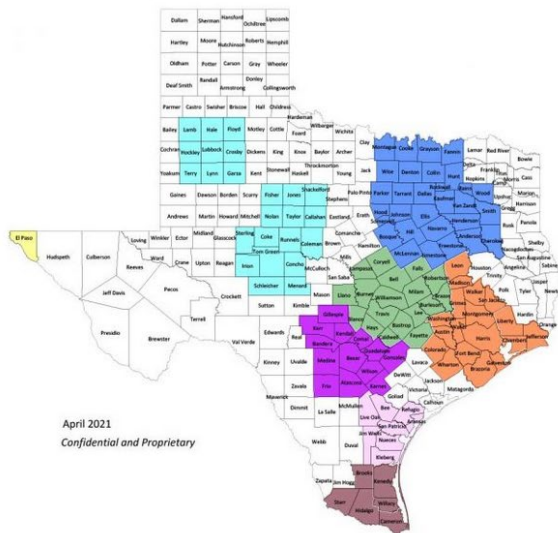
Determine Your Service Area

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).



April 2021
Confidential and Proprietary

IMO Med-Select Network®							
Austin	Corpus Christi	Houston	North Texas	North Texas	San Antonio	West Texas	Valley
Bastrop	Aransas	Austin	Anderson*	McLennan	Gillespie*	Hale*	Brooks*
Bell	Bee*	Brazoria	Bosque*	Montague*	Gonzales*	Hockley*	Cameron
Blanco*	Jim Wells*	Chambers	Cherokee*	Navarro*	Guadalupe	Irion	Hidalgo
Brazos*	Kleberg*	Colorado*	Collin	Parker	Karnes*	Jones	Kendall*
Burleson*	Live Oak*	Fort Bend	Cooke*	Rains*	Kendall	Lamb*	Star*
Burnet*	Nueces	Galveston	Dallas	Rockwall	Kerr*	Lubbock	Willacy*
Caldwell	Refugio*	Grimes*	Denton	Smith	Medina	Lynn*	
Coryell	San Patricio	Harris	Ellis	Somervell**	Wilson	Menard*	
Falls*	Jefferson	Fannin*	Tarrant		Nolan*		
Fayette*	El Paso	Freestone*	Van Zandt*	West Texas	Runnels*		
Hays	Liberty	Grayson	Wise*	Callahan	Schleicher*		
Lampasas	Madison*	Henderson	Wood*	Coke*	Shackelford*		
Lee*	Montgomery	Hill*	San Antonio	Coleman*	Sterling*		
Llano*	San Jacinto	Hood	Atascosa	Concho*	Taylor		
Milam*	Walker*	Hunt	Atascosa	Crosby	Terry*		
Robertson*	Waller	Johnson	Bandera	Bexar	Tom Green		
Travis	Washington*	Kaufman	Comal	Fisher*			
Williamson	Wharton*	Limestone*	Frio*	Garza*			

* Rural Counties

[View Larger Map](#)

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 N 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 / Facili

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

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

Practice / Facility Name	Provider	Specialty	Address	City	State	Zip	Phone	County
CareNow Carrollton	Paul Alberico, MD	Family Medicine	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 939-9495	Denton
CareNow Carrollton	Jason Albers, MD	Family Medicine	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 939-9495	Denton
CareNow Carrollton	Russell Brofer, DO	Family Practice	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 939-9495	Denton
CareNow Carrollton	Shelia Calderon, MD	Internal Medicine	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 939-9495	Denton
CareNow Carrollton	CareNow Carrollton, UCF	Urgent Care Facility	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 939-9495	Denton
CareNow Carrollton	Edward Carew, DO	Family Practice	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 939-9495	Denton
CareNow Carrollton	Thomas Chiu, MD	Family Medicine	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 939-9495	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

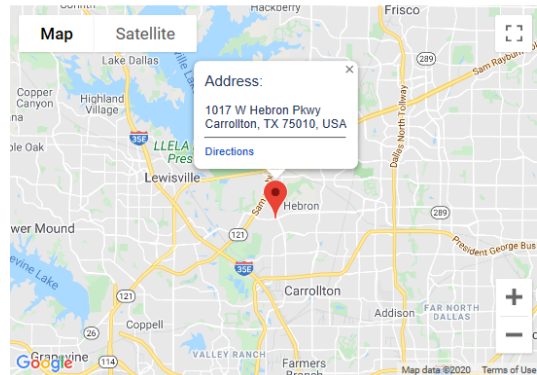
SPECIALTY:
Family Medicine

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).