



## Provider Instruction Form

Dear Provider,

I am visiting your office for my injury treatment because my employer is contracted with the Coventry Workers' Comp Network through our insurance carrier. This workers' compensation network has been certified in accordance with the requirements of the Texas Department of Insurance. You are part of this network through your contract with either FOCUS Healthcare Management, First Health, or Coventry.

Please use the information below as necessary for treatment coordination, referrals, and communications:

**Responsible payor:**

National Liability & Fire Insurance Company

P.O. Box 113247, Stamford, CT 06911-3247

844-549-2512

FAX: 203-361-3846

**To obtain a listing of procedures that require preauthorization:**

Visit <http://www.coventrywcs.com/provider-services/texas/index.htm> and choose Coventry HCN Preauthorization Requirements.

OR call **1-800-354-3053**

**To request preauthorization:**

Call **1-800-354-3053**

**To obtain a listing of network specialists for referrals:**

Visit [www.coventrywcs.com](http://www.coventrywcs.com) OR call **1-800-937-6824**

**Employee / Employer Information:**

Employee Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Please call us with our employee's medical/disability status after the initial visit.

Thank you.

This information is for identification purposes only. Payor liability for treatment and payment is governed solely by the provisions of the Texas Workers' Compensation Act.

Please also refer to your Coventry Workers' Comp Network Provider Manual and your contract with FOCUS, First Health or Coventry for other applicable provisions.

© 2009 Coventry Health Care Workers Compensation, Inc. All rights reserved.

