

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 or First Health, which are owned by Coventry, or Beech Street, formerly an affiliate of FOCUS.

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

Responsible payor:

Gallagher Bassett Services
16414 San Pedro Ave, Ste 400
San Antonio, TX 78232
Phone: 1-800-727-8245
Fax: 1-210-403-9621

Medical Billing Address:

Gallagher Bassett Services
PO Box 23812
Tucson, AZ 85734

To obtain a listing of procedures that require preauthorization:

Visit <http://epn.coventrywcnetworks.com/State/Texas/Pre-Authorization-UR-Requirements/>

OR call **1-800-873-0055**

To request preauthorization:

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

To obtain a listing of network specialists for referrals:

Call **1-800-873-0055**

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 Beech Street for other applicable provisions.

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