

NETWORK SUPPLEMENTAL INFORMATION

Texas Workers' Compensation Providers

USA was recently certified as a Texas Workers' Compensation Health Care Network. We have updated our credentialing processes that require the additional information below to be completed for new providers.

USA appreciates your participation as a Network Provider.

WORKER'S INJURY/ILLNESS			
Last Name	First Name	M.I.	Jr., Sr., as applicable
Clinical Name or D.B.A. Name		Tax I.D. Number (Billing Purposes <input type="checkbox"/> Yes <input type="checkbox"/> No)	
Nurse Practitioner, Certified Registered Nurse First Assistant or Physician Assistants Supervising/Authorizing Physician (Last Name, First Name, Prof. Degree)			
Nurse Practitioner, Certified Registered Nurse First Assistant or Physician Assistants Supervising/Authorizing Physician (Address and Phone)			
WORKER'S INJURY/ILLNESS			
Does provider agree to participate in USA's Workers' Injury Network? (check one)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please answer the following regarding Occupational Medicine Training and/or expertise. Please indicate 'yes' if you perform or assist in the assessment of:			
Maximum Medical Improvement Determinations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Impairment ratings using AMA Guides to Physical Impairment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes to either of the above two questions, please include copy of MMI/Impairment Rating Training Certificate)			
Independent/Required Medical Examinations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Second opinions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has provider filed financial disclosure in accordance with Texas Labor Code §408.023 and §413.041?		<input type="checkbox"/> Yes <input type="checkbox"/> No	