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.

| Clinical Name or D.B.A. Name | | | | | |
|---|--|------------|--------------------|---|--|
| 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) Yes 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? Yes No Impairment ratings using AMA Guides to Physical Impairment? Yes No (If yes to either of the above two questions, please include copy of MMI/Impairment Rating Training Certificate) | Last Name | First Name | M.I. | Jr., Sr., as applicable | |
| 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) Yes 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? Yes No Impairment ratings using AMA Guides to Physical Impairment? Yes No (If yes to either of the above two questions, please include copy of MMI/Impairment Rating Training Certificate) | | | | | |
| 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) | Clinical Name or D.B.A. Name | | Tax I.D. Number (E | x I.D. Number (Billing Purposes ☐ Yes ☐ No) | |
| 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) | None Destitions Contified Designational None First Assistant or Division Assistant Commission (Astronomy Division (Astronomy D | | | | |
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| the assessment of: Maximum Medical Improvement Determinations? Impairment ratings using AMA Guides to Physical Impairment? (If yes to either of the above two questions, please include copy of MMI/Impairment Rating Training Certificate) | | | | | |
| Impairment ratings using AMA Guides to Physical Impairment? Yes No (If yes to either of the above two questions, please include copy of MMI/Impairment Rating Training Certificate) | | | | | |
| Impairment ratings using AMA Guides to Physical Impairment? Yes No | Maximum Medical Improvement Determinations? | | □Yes | □ No | |
| | Impairment ratings using AMA Guides to Physical Impairment? | | □Yes | □ No | |
| Independent/Required Medical Examinations? | (If yes to either of the above two questions, please include copy of MMI/Impairment Rating Training Certificate) | | | | |
| | · | | □Yes | □ No | |
| Second opinions? | Second opinions? | | □Yes | ☐ No | |
| | | | | | |
| Has provider filed financial disclosure in accordance with Texas Labor Code §408.023 and §413.041? ☐ Yes ☐ No | Has provider filed financial disclosure in accordance with Texas Labor Code §408.023 and §413.041? | | 13.041? □Yes | □ No | |