

Introductory Letter to Physician
AmeriSys/Rockport

Date:
Employer Name:
Employer Telephone Number:

Dear Dr. :

is scheduled for an initial visit as an employee of
which is a participant in the FHM Insurance Company/
Rockport Network. This letter does not confirm that the injury or condition is covered by Workers' Compensation insurance.

DRUG TESTING IS REQUIRED:
Urinalysis
Breathalyzer (blood test if necessary)

We are working closely with Rockport and the involved medical providers to ensure that our employees receive access to timely and medically necessary treatment for their industrial injuries.

PLEASE CONTACT UTILIZATION MANAGEMENT
AT 407-351-1212/888-346-3461 Ext 323
WHEN ONE OF THE FOLLOWING OCCURS:

- 1. New Injury with Disability > 7 Days & No Release to Return to Work
2. Hospitalization
3. Anticipated Surgery
4. Physical Therapy or Chiropractic Treatment Recommended
5. Referral to Provider
6. Assistance Required to Return Injured Employee to Work
7. Repeat Major Diagnostic Studies

All claims for treatment must be submitted to the address below on an HCFA 1500, UB 92 or the appropriate form required by the State.

FHM Insurance Company
P.O. Box 616648, Orlando, FL 32861-6648
407-351-1212/888-346-3461 Ext 350

Should you have any questions regarding your participation in the Rockport Network, please refer to the Rockport Network Workers' Compensation Provider Manual or contact your Rockport PPO Department Representative at Rockport Healthcare Group, 50 Briar Hollow Lane, Suite 515 West, Houston, TX 77027, 713-621-9424.

Sincerely,

Print Name

Signature