Introductory Letter to Physician

AmeriSys/CORCARE

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/CORCARE Network**. This letter does not confirm that the injury or condition is covered by Workers' Compensation insurance. That determination will be made as soon as an investigation is completed by our claims administrator, United Self Insured Services.

DRUG TESTING IS REQUIRED:

☐ Urinalysis
☐ Breathalyzer (blood test if necessary)

We are working closely with CORCARE and the involved medical providers to ensure that our employees receive access to timely and medically necessary treatment for their industrial injuries. In the best interest of our employees, we will have modified work available, which would allow the employee to return to work at the earliest possible date. Please keep this in mind as you treat this employee.

PLEASE CONTACT UTILIZATION MANAGEMENT
AT 407-351-1212/888-346-3461 Ext 352
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. Please submit all medical reports within the time frame required by the applicable State law.

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 CORCARE Network, please refer to the CORCARE Network Workers' Compensation Provider Manual or contact your CORCARE PPO Department Representative at CorVel Corporation, 3504 Lake Lynda Drive, Suite 300, Orlando, FL 32817 407-282-4200.

Sincerely,

_____ _____
Print Name **Signature**