Introductory Letter to Physician

AmeriSys/Coventry Network

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/AmeriSys/Coventry 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, USIS.

DRUG TESTING IS REQUIRED:

☐ Urinalysis
☐ Breathalyzer (blood test if necessary)

We are working closely with AmeriSys/Coventry Network 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 888-346-3461 Ext. 131
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 Coventry Network, please call 800-342-5888 or 800-937-6824.

Sincerely,

_____ _____
Print Name **Signature**