

Trinity Occupational Program Workers' Compensation Acknowledgement Form

Fort Worth Independent School District (FWISD) has established the Trinity Occupational Program (TOP), as authorized under Chapter 504 of the Texas Labor Code. The TOP is designed to provide high quality medical treatment to all FWISD employees sustaining injuries or illnesses in the course and scope of employment consistent with the Texas Workers' Compensation Act and Rules.

All FWISD employees sustaining work-related injuries or illness are required to select a Treating Doctor from the medical providers that are part of the TOP. Employees experiencing medical emergencies can seek treatment from any hospital emergency room. For non-emergency and minor emergency treatment, employees can find network provider by accessing the Network Provider Search Webpage or Listing of Medical Providers.

Network Provider Search Webpage:

<https://www-sf.talispaint.com/careworks/txtop/>

Listing of Medical Providers:

<https://www.fwisd.org/departments/risk-management/workers-compensation/medical-providers>

If I am hurt on the job, I understand that:

1. I must choose a Treating Doctor from the list of doctors in the TOP network of doctors.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I needed emergency care, I may go to any hospital emergency room. After emergency care, I must still select a Treating Doctor and make an appointment immediately following my discharge from the emergency department.
3. My Employer/Carrier will pay for all compensable medical care provided by my treating doctor and other network medical providers.
4. I might have to pay medical bills, if I receive medical care from someone other than a network doctor, without network approval.
5. FWISD Departments, network stakeholders, providers, and regulatory authorities in Texas Workers' Compensation Statutes and Rules include: Risk Management/Workers' Compensation, Health Services, Tristar – Claims Handling, CareWorks – Nurse Case Management, Injury Management Operations (IMO) – Pre-Authorizations & Bill Review, and the Texas Department of Insurance Division of Workers' Compensation (DWC)

(Employee's Printed Name)

(Employee ID. Number)

(Employee's Signature)

(Date)

Date of Accident:

Location #

