Workers' Compensation Approved Alliance Network Providers

www.pswca.org

AUSTIN

CareNow - Anderson Mill
11521 RR 620 N.
Ste 100
Austin, TX 78726
512-402-6830

CareNow– Avery Ranch
10625 W. Parmer Ln.
Ste D400
Austin, TX 78717
512-733-9400

Concentra
200 W. Anderson Ln.
Austin, TX 78757
512-459-4367

Concentra
9333 Research Blvd.
Ste 400
Austin, TX 78759
512-467-7232

Concentra
13831 U.S. Hwy 183 N.
Austin, TX 78750
512-250-0424

CareNow *(Texas MedClinic)*
12319 N. Mopac Expy
Austin, TX 78758
512-835-5577

For life-threatening emergencies

CALL - 911

CEDAR PARK

CareNow
5001 183A
Ste R100
Cedar Park, TX 78613
512-595-7000

NextCare/Baylor S&W
351 Cypress Creek Rd.
Ste 103
Cedar Park, TX 78613
512-250-8103

Next Level
1500 E. Whitestone Blvd.
Cedar Park, TX 78613
832-706-2295

GEORGETOWN

CareNow
1205 S IH 35 Frontage Rd.
Georgetown, TX 78626
512-942-2535

NextCare/Baylor S&W
900 N. Austin Ave.
Ste 105
Georgetown, TX 78626
512-930-7828

CareNow
4506 Williams Dr.
Ste 120
Georgetown, TX 78633
512-869-3355

HUTTO

CareNow
4810 Gattis School Rd.
Hutto, TX 78634
512-312-7230

Next Level
720 US-79
Ste 100
Hutto, TX 78634
832-706-2295

CareNow *(Texas MedClinic)*
440 Chris Kelly Blvd
Hutto, TX 78634
512-265-1434

PFLUGERVILLE

Express M.D.
1616 F.M. 685
Ste 106
Pflugerville, TX 78660
512-252-9094

Next Level-Wells Branch
14900 N. IH 35
Austin, TX 78728
832-706-2295

CareNow *(Texas MedClinic)*
1501 FM 685
Pflugerville, TX 78660
737-279-7984

ROUND ROCK

CareNow
2800 S IH 35 Frontage Rd.
Ste 400
Round Rock, TX 78681
512-910-8737

Concentra
117-B Louis Henna Blvd.
Ste 200
Round Rock, TX 78664
512-255-9634

NextCare/Baylor S&W
1240 E. Palm Valley Blvd.
Round Rock, TX 78664
512-218-0689

Next Level
3200 Greenlawn Blvd.
Ste 160
Round Rock, TX 78664
281-783-8162

CareNow *(Texas MedClinic)*
4851 N. Interstate Hwy 35
Round Rock, TX 78665
512-486-6140

TAYLOR

CareNow
3705 N. Main St.
Ste 103
Taylor, TX 76574
512-352-6862

Telemedicine- Virtual Care:
RediMD
To receive all medical care through Telemedicine call:
Tel. 281-633-0148 option #2

IMPORTANT:

- Emergency rooms should only be utilized in an emergency situation or when an Alliance Network Provider is not available.
- Employees must establish with an approved Alliance Network provider if needing medical care.
- You may not self-refer to a specialist. In order to see a specialist, a referral from an approved Alliance Network Provider and prior authorization from TASB is required.
- A complete list of approved Alliance Network Providers can be found at www.pswca.org

Verenice Martinez, Risk Management Coordinator (512) 943-5000 x 6009, Fax (512) 943-5002

Verification of Employment for a Reported Workers' Compensation Injury or Illness

Please take this form to the doctor for your first medical examination.

Employee Name _____Date of Injury _____

Date of Birth_____ Social Security _____

Reported Work Related Injury or Illness:

_____

_____

Georgetown ISD workers' compensation coverage provider is the Texas Association of School Boards Risk Management Fund which is a member of the Political Subdivision Workers' Compensation Alliance (the Alliance.) For emergencies, an injured employee may go to the nearest emergency room. Otherwise, all other treatment must be from an Alliance Provider listed at pswca.org.

Please submit all claim and medical billing information to:

TASB Risk Management Fund
P.O. Box 2983
Clinton, IA 52733-2983
Phone: 800.732.0153
Fax: 732.212.7009
Pre-Authorization
Phone: 800.482.7276, x9907
Fax: 888.777.8272

eBill Information
Clearinghouse: WorkComp EDI
Clearinghouse website:www.workcompedi.com
TASB's Payer ID: WR902

Issuing Signature _____ Title _____

Phone Number_____ Date _____

Providers please submit Work Status Reports and all Job Description requests via fax to:

Verenice Martinez, Risk Management Coordinator
Phone: 512-943-5000 ext 6009
Fax: 512-943-5002
Email: martinezv4@georgetownisd.org

For a full list of Alliance Providers please visit pswca.org.

Employee Acknowledgement of the Alliance Direct Contracting Program

I have received information that tells me how to get health care under my employer's workers' compensation coverage. If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the Alliance list of doctors designated as treating 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 need emergency care, I may go to any licensed medical professional within the United States.
3. Even though my treating doctor should refer me to a specialist of providers contracted with the Alliance, I understand that I need to verify that the referral doctor is a member of the Alliance provider panel.
4. The Texas Association of School Boards Risk Management Fund will pay the treating doctor and other Alliance providers for all health care related to my compensable injury.
5. I understand that my medical and/or income benefits may be disputed if I receive health care from a provider other than an Alliance provider without prior approval from the Fund.
6. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.
7. If I want to change doctors after my first choice, I can do so within the first 60 days of starting treatment, and I can only choose from the Alliance list of providers. A third choice requires approval from my adjuster.

_____ _____/_____/_____

Signature Date

_____

Printed Name

I live at: _____

Street Address City, State, Zip Code

Name of Employer: Georgetown ISD

Name of Direct Contracting Program: Political Subdivision Workers' Compensation Alliance (the Alliance)

Direct contracting service areas are subject to change. To locate a treating doctor within your area, visit the PSWCA web site at **pswca.org** or call your adjuster at 800.482.7276.

To be completed by the employer only

Please indicate whether this is the:

- ☐ Initial Employee Notification
- ☒ Injury Notification (Date of Injury:_____/_____/_____)

Do not return this form to the TASB Risk Management Fund unless requested.

TASB™ RISK FUND

TASB Risk Management Fund

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FORM TO ELECT LEAVE BENEFITS WITH WORKERS' COMPENSATION (NO OFFSET—ENGLISH VERSION)

Name _____ **Employee number** _____

Position _____ **Department/Campus**_____

This employee is absent from duty because of a job-related illness or injury beginning on *(date of first absence attributable to illness or injury)*. If eligible, workers' compensation insurance may begin paying a percentage of the employee's current wages on the eighth day of absence from duty if an extended absence is required.

_____ _____

District authorized signature Date

Employee choice:

I am absent from duty because of a job-related illness or injury. I understand that I am not eligible for workers' compensation weekly income benefits until my absence exceeds seven calendar days. I also understand that the district will continue to pay its contribution toward the cost of my group health insurance coverage (if applicable) as long as I am on **paid** leave and/or family and medical leave (FMLA). I further understand that I will be responsible for paying all health insurance premiums if I am on **unpaid** leave that is not FMLA leave. I choose the following option:

- ❑ I choose to use only _____ days of available paid leave at this time.
- ❑ I choose to use all available paid leave. I understand that I will not receive workers' compensation weekly income benefits until I have exhausted all of my paid leave or to the extent that paid leave does not equal my pre-illness or -injury wage.
- ❑ I choose **not** to use any available paid leave at this time. I understand that I will not receive any regular salary payments from **Georgetown ISD** while receiving weekly income benefits under workers' compensation. No available paid leave will be deducted from my leave balance. I further understand that by selecting this option, I will receive only workers' compensation wage benefits for any absences resulting from my work-related illness or injury, unless and until I communicate to the district a change in my decision.

_____ _____ _____

Employee signature Date Date of Injury

For Claims Reporting Purposes Only:	
For all employees: Amount of leave paid to employee: $ ____.__ Daily rate: $ _____ Period of payment: from___/___/___ through___/___/___ for ____ days **or** ____ weeks	*For hourly employees only:* Hourly rate: $____.___ Number of hours paid: _____

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OPTUM®
PO Box 152539
Tampa, FL 33684-2539

TASB RISK FUND

MAKING IT EASY...
TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:

If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.

If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.

Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?

1-866-599-5426

OPTUM®

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

TASB Risk Mgmt. Fund — CARRIER/TPA

Georgetown ISD — EMPLOYER

INJURED WORKER NAME

Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER — DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	NDC		Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	TASBFF		

NOTE: *This First Fill card is only valid for your workers' compensation injury or illness.*

Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

tmesys®

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