

Out-of-Network Referral Request

Referring Treating Doctor	Injured worker name			
	Address			
	Insurance carrier & Employer			
	Claim number			
	Date of injury			
	Out-of-Network Referral/Provider Information			
	Referral/Provider name			
	Referral/Provider address			
	Referral/Provider phone & fax			
	Current Treating Doctor's Information			
	Treating Doctor's name			
	Treating Doctor's address			
	Treating Doctor's phone & fax			
	<p>Treating doctor's reason for requesting an out-of-network referral:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p>Treating Doctor's Signature (Required) Date</p> <p style="text-align: center;">Once completed, this form should be mailed or faxed to the claims adjuster.</p> <p>Please attach any additional medical records that will substantiate this request. You will be notified in writing of the outcome of the review within seven calendar days from the receipt of your request.</p>			

Adjuster response	Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Denied* <input type="checkbox"/> Other (see rationale below)		
	Decision rationale			
	Network name	CompKey +		
	Adjuster name			
	Phone/fax numbers			
	Adjuster: Please forward a copy of the decision to the network			

*Appeals process: Appeals may be filed with the network: CompKey Plus, 10535 Boyer Blvd Ste. 100, Austin TX 78758. Fax: (800) 580-3123, Phone (800) 580-1314, Email: compkey@careworks.com. Access the network complaint/appeal form online at <https://www.yorkrisk.com>.