

## Out-of-Network Treating Doctor Request

Injured Worker	Injured worker name			
	Address			
	Insurance carrier & employer			
	Claim number			
	Date of injury			
	Current treating doctor name			
	Out-of-Network Doctor Information			
	Doctor name			
	Doctor address			
	Doctor phone & fax			
<p>Please explain your reason for requesting an Out-of-Network Doctor as your treating doctor:</p> <p>_____</p> <p>_____</p> <p>_____</p>				
Injured worker ( <b>Required Signature</b> )			Date	
<p><b>FAX or mail the completed form to your claims adjuster.</b></p> <p>You will be notified in writing of the outcome of the review within seven (7) calendar days from the receipt of your request. If you have any questions or need assistance in completing this form, please contact your adjuster.</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			
	<p><b>Adjuster: Please forward a copy of the decision to the network</b></p>			

\*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](mailto:compkey@careworks.com). Access the network complaint/appeal form online at <https://www.yorkrisk.com>.