

## Policyholder Election to Participate in the Texas Health Care Provider Network

Dear Worker's Compensation Policyholder:

For the State of Texas, we will use the *Concentra HCN* Health Care Provider network, pursuant to Texas House Bill 7, the Texas Insurance Code and the Workers' Compensation Health Care Networks rule contained in Title 28, Chapter 10 or the Texas Administrative Code.

Policyholders that elect to participate in the network may be eligible for a 10% premium credit. For policyholders who opt in mid policy term, this credit will be pro-rated based on the date we receive this completed form.

In order to utilize the *Concentra HCN* network you will be required to follow the State of Texas regulations with regard to notifying your employees about the Network. Employee Educational Materials *must* be given to:

1. Your Current Employees;
2. New employees you hire in the future

A signed acknowledgement form must be obtained from each employee and kept on file by the policyholder.

It is important to note that the network notice requirements are very strict. Policyholders must provide the proper notice to their employees and manage that process. Policyholders must also post the appropriate network notice at their place of business and send all injured employees to network providers. Policyholders who fail to follow these procedures may not be eligible for the premium credit. *Concentra HCN* will cover most areas of the State but NOT the entire State. Eligibility to participate in the network will be limited to the geographic areas the network is approved for by the State of Texas.

**If you would like to participate in the *Concentra HCN* provider network, please complete and return this form.**

Policyholder/Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

I, \_\_\_\_\_ have received and understand the  
(Name of Employer Representative)

*Concentra HCN* informational materials that I have received from Safeco Insurance Companies. Our organization elects to participate to the extent possible based on the geographic areas covered by the network where we have employees.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Please send this signed acknowledgment form to:**

**Safeco Property and Casualty Insurance Companies  
Attn: SBI-WC Networks  
P.O. Box 833960  
Richardson, TX 75083-3960**

**The actual company issuing your policy will vary and may be one of the following:  
American Economy Insurance Company,  
American States Insurance Company, American  
States Insurance Company of Texas or First  
National Insurance Company of America**