



Provider Instruction Form

Dear Provider,

I am visiting your office for my injury treatment because my employer is contracted with the Coventry Workers' Comp Network through our insurance carrier. This workers' compensation network has been certified in accordance with the requirements of the Texas Department of Insurance. You are part of this network through your contract with either FOCUS Healthcare Management or Beech Street, which are both owned by Coventry.

Please use the information below as necessary for treatment coordination, referrals, and communications:

Responsible payor:

Safeco Claims
P.O. Box 515097
Los Angeles, CA 90051-5097
(800) 332-3226
(888) 268-8840

To obtain a listing of procedures that require preauthorization:

Visit <http://epn.coventrynetworks.com> OR call **1-800-873-0055**

To request preauthorization:

Call **800-691-1115** or Fax referral and medical information to: **800-863-8860**

To obtain a listing of network specialists for referrals:

Visit <http://epn.coventrynetworks.com> OR call **1-800-873-0055**

For Employer Use:

Employer Name: _____ Phone: _____

Contact Name: _____

Please call us with our employee's medical/disability status after the initial visit.

Thank you.

This information is for identification purposes only. Payor liability for treatment and payment is governed solely by the provisions of the Texas Workers' Compensation Act.

Please also refer to your Coventry Workers' Comp Network (formerly Concentra) Provider Manual and your contract with FOCUS or Beech Street for other applicable provisions.

