



WORKWELL, TX

Out-of-Network Request

Requests for out of network approval may be reviewed on a prospective basis only. To submit your request, please complete the attached form and return it to us at the email address or fax number below. Please note that it may take up to three business days to receive a decision.

Today's Date: _____

Who is completing this form?

Name:			
Address:	City:	State:	Zip:
Phone number:	Fax number:		

What doctor or facility are you requesting approval for?

Provider name:			
Facility name:			
Provider specialty:			
Address:	City:	State:	Zip:
Phone number:	Fax number:		
Tax ID number:	Date of first treatment:		

Tell us about the injured employee:

Name:	
Claim number:	Date of injury:

Please return this form to Texas Mutual.

Email: wwtxadmin@texasmutual.com

Fax: (512) 224-8823

WorkWell, TX - Office Use Only

Decision: <input type="checkbox"/> Approved* ** <input type="checkbox"/> Denied	
Approval start date (if applicable):	Approval end date (if applicable):

*The extent of treatment to be provided is limited to the referral consultation and/or services not available within the network. If any additional services are required, please refer the patient to a network provider or facility. The provider directory is available at texasmutual.com

****Preauthorization Reminder:** Out-of-network approval does not eliminate the requirement to obtain preauthorization for procedures. Please visit texasmutual.com for a list of treatments and services that require preauthorization. Bills for services are processed in accordance to the Texas Department of Insurance - Division of Workers' Compensation Fee Guidelines and applicable network contracts.