



Provider Instruction Form

Dear Provider,

I am visiting your office for my injury treatment because my employer is part of the Zurich Services Health Care Network (HCN) 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 Coventry Integrated Networks.

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

Responsible payor:
Zurich: 1.866.828.6816

To request preauthorization:
Call 1.800.451.8731

To obtain a listing of network specialists for referrals:

1. Log on to www.zurichna.com
Click on "Online Services"
Click on "Claims"
Click on "Directory Online"
If prompted for password, enter zurichna
2. Call Zurich's Customer Care Center at:
866.732.5342

Employee / Employer Information:

Employee Name: _____

Employer Name: _____

Phone: _____

Contact Name: _____

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

Thank you.

Zurich

1400 American Lane, Schaumburg, Illinois 60196-1056
800 382 2150 www.zurichna.com

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 Health Care Network Provider Manual and your contract with Coventry Integrated Networks for other applicable provisions.

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