



DALLAS COUNTY

504 Workers' Compensation Program Acknowledgement Form

I have received information that tells me how to access health care under Dallas County 504 Workers' Compensation Insurance Program.

If I am hurt on the job, and live/work in a service area as described in the information, I understand that:

1. I must call the Company Nurse hotline and follow their instructions.
2. I must use a treating doctor from the list of doctors found in the 504 network, as outlined by Dallas County, and provided to me by my supervisor or the Company Nurse.
3. I must go to my treating 504 workers' compensation doctor for all work related injuries. If I need a specialist, my treating doctor will refer me to someone in the 504 Dallas County network of physicians. If I require emergency care, I may go to any medical hospital.
4. *I will be required to pay the bill if I get health care from someone other than a 504 Dallas County network doctor.*

Employee Signature

Date

(Printed Name)

Will you please provide your current address below to ensure that all future correspondence reaches you in a timely manner. If you would also like to receive your correspondence electronically, please include a valid email address. Any personal information provided will be used for communication purposes only and will not be share with any outside entity.

I live at:

(Street Address)

(City)

(State)

(Zip Code)

Email Address

Supervisors Signature

Date