

Insurer/Self-Insured Employer:

Provider's Name & Address:

I, (Dr.'s name)

_____, do acknowledge my participation in the Preferred Provider Network for the above-named company.

Doctor's signature _____

Date _____

(Insurer/Self-Insured Employer)

The above signed* acknowledge that:

- An injured employee shall have freedom of choice to obtain health care, diagnosis, and treatment from any qualified health care provider initially;
- The employee's first visit to any facility providing emergency care or to a physician or medical facility under contract with or agreement with the employer or insurer to provide priority care shall not constitute the employee's initial choice to obtain health care, diagnosis or treatment;
- The initial health care provider of record may, without prior approval, refer the injured employee to any qualified specialist for independent consultation or assessment, or specified treatment. If the insurer or self-insured employer has a Preferred Provider Network approved and kept on record by the Medical Advisory Board, any change by the employee from the initial health care provider of record shall only be to a health care provider listed in the approved Preferred Provider Network. If the employee seeks to change to a health care provider not in the approved Preferred Provider Network, the employee must obtain the approval of the insurer or self-insured employer;

- Compensation for medical expenses and other services is due and payable within twenty-one (21) days from the date a request is made for payment of these expenses. The twenty-one (21) day period begins on the date the insurer receives a request with appropriate documentation required to determine whether the claim is compensable and the payment requested is due;
- The Medical Advisory Board has established Protocols and Standards of Care for the treatment of work related injuries that have been formally approved and adopted by the Chief Judge of the Workers' Compensation Court. It is further understood that the Protocols and Standards of Care are in no way intended to be, nor are they to be used as a binding rule or regulation. The Protocols and Standards of Care are intended to outline options of appropriate methods and types of intervention to be utilized by physicians and other healthcare providers for what is believed to be some of the most frequent work-related injuries seen in Rhode Island.
- Any unresolved dispute between a provider and (Signatory(s)) as to the reasonableness of the amount of any charge and/or payment for medical, dental, or hospital services or for medicines or appliances shall be determined by the Workers' Compensation Court;
- Disputes other than those pertaining to hospitalizations, medical services, appliances, or medicine, as outlined above, shall also be heard and determined by the Workers' Compensation Court in accordance with R.I.G.L. 28-30-1, et seq. and the Protocols and Standards of Care established by the Medical Advisory Board.

*Please note: Any third-party administrator, PPO or any other entity involved in the administration of the proposed PPN, related to the creation or management of the proposed PPN must also be a signatory to this acknowledgement.

NOTE FOR DOCTOR'S OFFICE STAFF: Please complete and return to the above-captioned company within TEN DAYS of receipt of this form. Thank you in advance for your cooperation.