Coventry Workers' Comp Network
Provider Instruction Form

Please deliver to your provider at your first visit.
(Por favor, entregue a su proveedor en su primera visita.)

Dear Provider,

I am visiting your office for my injury treatment because my employer is contracted with the Coventry Worker' 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, First Health, Aetna or Coventry. Please use the information below as necessary for treatment coordination, referrals and communications.

Responsible payor:
Carrier Name: **ICW Group**
Address: PO Box 2965, Clinton, IA 52733
Phone: (800) 877-1111
Fax: (858) 350-2755

To obtain a listing of procedures that require preauthorization:
Visit **https://goperspecta.com/VPD/icwgroup/public** or call (800) 937-6824

To request preauthorization:
Phone: (800) 407-0704
Fax: (855) 287-4028

To obtain a listing of network specialists for referrals:
Visit **https://goperspecta.com/VPD/icwgroup/public** or call (800) 937-6824

Employee / Employer Information:

Employee Name: _____

Employer Name: _____

Phone: _____

Contact Name: _____

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

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 Provider Manual and your contract with FOCUS, First Health, Aetna or Coventry for other applicable provisions.