P. O. Box 118577
Carrollton, TX 75011
Customer Care: 214-217-5936 or 877-870-0638
Fax: 214-217-5937 or 877-946-6638
Email: netcare@injurymanagement.com

Employee Please Complete:

DWC Claim #
Carrier Claim #

IMO Med-Select Network®

Request for Initial or Alternate Treating Doctor

(Employee use only)

EMPLOYEE INFORMATION	
Name (last, first, m.i.)	Date of Injury (mm/dd/yyyy)
Mailing Address (street, city, state, zip code)	
Telephone Number	
Last Four Digits of Social Security Number	Date of Birth (mm/dd/yyyy)

EMPLOYER INFORMATION	
Name	Telephone Number
Mailing Address (street, city, state, zip code)	

INSURANCE CARRIER INFORMATION
Carrier
Adjuster and Phone Number

REQUEST FOR TREATING DOCTOR	☐ Initial ☐ Alternate
Requested Doctor (last, first, m.i.) and Title	
Facility/Business Name	
Mailing Address (street, city, state, zip code)	
Telephone Number	
Fax Number	
Employee's Signature (Required For Alternate Change)	Date

Network Office Use Only	
Authorized IMO Employee Signature	Title
Date	Phone Number