OrthoLoneStar

WORKER'S COMP FORM

OrthoLoneStar is the largest independent orthopedic practice in the state of Texas, and our mission is to provide the highest quality orthopedic outcomes at the best value to patients across the state.

ABOUT OUR LOCATIONS

With locations surrounding the Austin, Dallas/Fort Worth, Houston and Tyler/East Texas areas, we are well positioned to support Worker's Compensation cases in most of the large metropolitan areas in the state. Our experienced Worker's Compensation department provides a comprehensive list of services, including new patient scheduling and surgery and imaging pre-authorizations.

> For a list of clinic locations where we see Worker's Compensation cases, please visit: **www.ortholonestar.com/wc**

OrthoLoneStar is made up of six distinct divisions with long histories supporting the communities they serve. We have providers that see Worker's Compensation cases in the following divisions.

- ADVANCED ORTHOPAEDICS & SPORTS MEDICINE — A DIVISION OF OrthoLoneStar
- AZALEA ORTHOPEDICS — A DIVISION OF OrthoLoneStar
- CARRELL CLINIC — A DIVISION OF OrthoLoneStar
- FONDREN ORTHOPEDIC GROUP — A DIVISION OF OrthoLoneStar
- TEXAS ORTHOPAEDIC ASSOCIATES — A DIVISION OF OrthoLoneStar
- TEXAS ORTHOPEDICS SPORTS & REHABILITATION ASSOCIATES — A DIVISION OF OrthoLoneStar

OUR SPECIALITIES

Our award-winning, experienced providers support patients in all of their musculoskeletal needs, including the following specialties:

- Foot & Ankle
- General Orthopedics
- Hand & Upper Extremity (*wrist/elbow*)
- Impairment Ratings/MMI
- Occupational Medicine
- Orthopedic Trauma
- Pain Management
- Pediatric Orthopedics
- Physical Therapy
- Physical Medicine & Rehabilitation (*PM&R*)
- Rheumatology
- Shoulder
- Spine
- Sports Medicine
- Total Joint Reconstruction (*knees/hips*)

We appreciate your referrals and if you have any questions, please don't hesitate to reach out to our Worker's Compensation Department using our contact information.

Email: ols-wc@ortholonestar.com
Phone: 833-258-4717 (*select option 2*)
Fax: 833-593-2703

WORKER'S COMPENSATION REFERRAL CHECKLIST

Thank you for your referrals to OrthoLoneStar! The following checklist was put together to ensure we can respond to your referrals as quickly as possible. If you have any questions, please contact our department and we are happy to assist.

- Referrals can be sent via email or fax.

Email: ols-wc@ortholonestar.com
Fax: 833-593-2703

ORTHOLONESTAR PROVIDERS REQUIRE THE FOLLOWING INFORMATION BE PROVIDED WHEN SENDING A REFERRAL TO ENSURE PROMPT TURNAROUND.

Patient Name: _____ DOB: _____

Patient is Being Referred To: _____

Insurance Name: _____

Billing Address: _____

Adjuster Name: _____

Adjuster Phone Fax: _____ Fax #: _____

Adjuster Email: _____

Claim #: _____

Pre-Auth Company Name: _____

Pre-Auth Phone: _____

Pre-Auth Fax: _____

Check All That Apply:

- ☐ Imaging Report Available
- ☐ DWC Subscriber
- ☐ Non-Subscriber

Healthcare Network: ☐ No ☐ Yes: _____

Disputes: ☐ No ☐ Yes: _____

Employer Name/Address: _____

_____

THANK YOU FOR YOUR REFERRAL!