

<u>WorkLink Fast Facts Sheet</u>	Contact # (713) 338-6519 Fax# (713) 338-6590
Initial Evaluation Appointments	<u>Patient Must be seen by a Provider within 24-72hrs of work injury</u>
Return to Work Forms (RTW)	<u>Must be fully completed each visit. Check appropriate box to describe Return to Work Status. Fax completed RTW form to the following Fax# (713)338-6590</u> <u>**copy of form must be given to injured employee.</u>
Follow-Up visits	<u>Must occur every 2 weeks if off work, otherwise every 3-4 weeks</u>
Return to Work Light Duty Release	<u>Return to Work Form (RTW) must be fully completed. Check appropriate box to describe Return to Work Status. Include any applicable restrictions, diagnosis descriptions and (ICD-10) codes. RTW Form must be completed on the same day the patient (employee) is released or seen and submitted via Fax# (713) 338-6590</u> <u>**copy of form must be given to injured employee.</u>
Full Duty Release / MMI	<u>Doctor must submit Maximum Medical Improvement (MMI) date in writing on the RTW form. No Impairment Rating is required, unless requested. RTW form must be faxed the same day the employee is released.</u>
Injured Worker Release	<u>If injured worker is released to work with permanent restrictions, an MMI date must be completed and submitted on the RTW Form.</u>
Diagnostic Referrals	<u>Diagnostic referrals beyond standard X-rays must be submitted with a signed Order and a typed copy of the Medical notes including prescribed treatment. Fax# (713) 338-4192</u>
Referrals	<u>Must be faxed to WorkLink Case Manager within 24-72hrs after appointment for Case Mgmt. review and scheduling with an appropriate Provider. Please request Specialty type only. Fax# (713)338-6590</u>
Pre-Authorization Requests	<u>Must be submitted with a completed Request Form. Must accompany a signed Order and a typed copy of Medical notes including prescribed treatment.</u> Fax# (713) 338-4192
Billing	Bills can be submitted to WorkLink Fax: (713) 704-0512 Email - worklinkcs@memorialhermann.org Mail: 909 Frostwood, Suite 1:406, Houston, TX 77024 Electronic: Clearing House – Work Comp EDI Payor ID LU426 - Memorial Hermann Claims