Prime Health Services TX HCN - Employee Notice Delivery & Acknowledgment Form Log

Use this log to record your delivery of the Notice of Network Requirements to employees and their signatures of the Network Acknowledgment Form.

Employer Name:

		Notice of Network Requirements					Employee Acknowledgment Form	
Initial/ Post-Injury	Employee ID#	Last Name, First Name	Delivery Method (paper, electronic)	Recipient	Location (home, business, other)	Delivery Date	Acknowledgment Form Signed or Refused	Signed/Refused Date