

IMO MED-SELECT NETWORK®

**A Certified Texas Workers' Compensation
Health Care Network**

**Employee Handbook for
The University of Texas System**

NETWORK EMPLOYEE HANDBOOK
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IMO Med-Select Network® | Frequently Asked Questions

*The purpose of this employee handbook is to provide general information by addressing frequently asked questions to all who are employed by **The University of Texas System**, as of April 1, 2013, which represents the effective date of the above named organization joining the IMO Med-Select Network®.*

This program is for any injury that occurs as of April 1, 2013 and thereafter.

1. What is a Texas workers' compensation health care certified network?

It is a program that has been certified by the State of Texas to provide health care services to you if you become injured at work.

2. What is Injury Management Organization, Inc. (IMO)?

IMO is a Certified Utilization Review Agent (URA) and the parent company to the IMO Med-Select Network®. IMO provides Case Management, Pre-Authorization, Medical Bill Review, Industry Care Programs, along with other health care management services.

3. How do I find out more about the IMO Med-Select Network®?

- Visit website at www.injurymanagement.com
- Write to: IMO Med-Select Network®, P.O. Box 260287, Plano, TX 75026
- Call the Network Main Line: 214.217.5939 or 888.466.6381
- Call the Customer Care Line: 214.217.5936 or 877.870.0638

4. What is a service area?

A service area is any county where the network operates with physicians and other health care providers to care for injured employees. If the network lists a county as part of its service area there will be providers for all zip codes in that county ready to provide health care services to the injured employees. If you live in a county covered by a service area, you are required to use a network provider.

5. What should I do if I move to a different zip code?

Notify your employer immediately to assist them in making sure that the network has service area coverage for you.

6. May I use a P.O. Box for my official address when I participate in the network?

No. The network requires a physical address in order to ensure all communication reaches the injured employee.

7. Where does the network operate?

The network operates in the following counties or service areas:

- | | | |
|---------------|---------------|------------------|
| 1. Atascosa | 30. Garza | 59. Medina |
| 2. Aransas | 31. Gonzales | 60. Milam |
| 3. Austin | 32. Grayson | 61. Montgomery |
| 4. Bandera | 33. Grimes | 62. Navarro |
| 5. Bastrop | 34. Guadalupe | 63. Nueces |
| 6. Bee | 35. Hale | 64. Parker |
| 7. Bell | 36. Harris | 65. Rains |
| 8. Bexar | 37. Hays | 66. Refugio |
| 9. Blanco | 38. Henderson | 67. Robertson |
| 10. Brazoria | 39. Hidalgo | 68. Rockwall |
| 11. Brazos | 40. Hill | 69. San Jacinto |
| 12. Burlison | 41. Hockley | 70. San Patricio |
| 13. Burnet | 42. Hood | 71. Smith |
| 14. Caldwell | 43. Hunt | 72. Starr |
| 15. Cameron | 44. Jefferson | 73. Tarrant |
| 16. Chambers | 45. Jim Wells | 74. Terry |
| 17. Collin | 46. Johnson | 75. Travis |
| 18. Colorado | 47. Karnes | 76. Van Zandt |
| 19. Comal | 48. Kaufman | 77. Walker |
| 20. Crosby | 49. Kendall | 78. Waller |
| 21. Dallas | 50. Kleberg | 79. Washington |
| 22. Denton | 51. Lamb | 80. Wharton |
| 23. El Paso | 52. Lee | 81. Williamson |
| 24. Ellis | 53. Liberty | 82. Wilson |
| 25. Falls | 54. Limestone | 83. Wise |
| 26. Fayette | 55. Live Oak | 84. Wood |
| 27. Floyd | 56. Lubbock | |
| 28. Fort Bend | 57. Lynn | |
| 29. Galveston | 58. McLennan | |

8. (a) Will I need to sign any forms to participate in the network?

Your employer / carrier will provide you with a **Notice of Network Requirements** and an **Acknowledgement Form**. You will also be presented with an Acknowledgement Form for signature at the time of injury.

(b) What will happen if I choose not to sign the Acknowledgement Form?

If an employee receives the Notice of Network Requirements and refuses to sign the Acknowledgement Form, they are still required to participate in the network.

9. Who is responsible for paying for my medical care if I receive treatment outside of the network?

If you receive care from an out-of-network provider, you *may* be financially responsible for the health care services if it is determined that you live in the network service area.

10. Who can be a network treating doctor?

The IMO Med-Select Network® requires your treating doctor to be a physician chosen from the network directory who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). The treating doctor must be a specialist in Family Practice, General Practice, Internal Medicine or Occupational Medicine. In El Paso, Texas, all specialists listed above in addition to Physical Medicine Rehabilitation.

11. How do I choose my treating doctor?

After an injury occurs, you must choose your treating doctor from the network provider list. If you need help, you may call a network customer care representative for assistance at 888.466.6381 Monday-Friday 8-5 p.m. CST or online at www.injurymanagement.com and click "Find a Provider".

12. May I select my HMO primary care doctor for my network treating doctor?

Even though your employer does not participate in an HMO, if you do participate in one outside of your employer, you may select your HMO primary care doctor **prior to your injury**. This can be done by completing the Network Form # IMO MSN-5. To obtain this form, please contact the IMO Med-Select Network® at **888.466.6381** or email netcare@injurymanagement.com. The network will contact your HMO doctor to participate in the network. If your doctor does not agree or does not meet the certified network qualification requirements to participate in the network you must choose a treating doctor from the network list.

13. How do I nominate a doctor?

1. The network has a nomination form and credentialing process that must be completed prior to any doctor being considered as a network provider. The first step is to fill out a nomination form available on the IMO website at www.injurymanagement.com or by contacting your claims adjuster.

2. The network will contact your doctor about participating in the network. If your doctor does not agree *or* does not meet the certified network qualification requirements, you must choose another treating doctor from the network list.

14. Am I required to see a doctor close to my residence?

Although the network must provide you with access to a treating doctor within a 30-mile radius of your residence, you can choose any treating doctor on the list of treating doctors in the network.

15. Can my chiropractor or my orthopedic surgeon be my treating doctor?

No. The treating doctor must be a specialist in Family Practice, General Practice, Internal

Medicine or Occupational Medicine. In El Paso, Texas, all specialists listed above in addition to Physical Medicine Rehabilitation. For treatment by any other type of specialist, including a chiropractor or orthopedic surgeon, you must be referred by your treating doctor.

16. Do you have physician assistants or nurse practitioners in the certified network?

No. The certified network does not have physician assistants or nurse practitioners contracted to treat injured employees at this time. You may be treated by one of the above if it is under the direction of a medical doctor in the certified network.

17. Can I change my treating doctor?

You are limited to the changes that you can make. These limits are set to ensure that you have quality and continuity in your care.

- Change #1 is called the alternate choice. When you contact the network you will be asked to complete the **Request for Alternate Treating Doctor # IMO MSN-1**. The network will not deny your request for your selection of an alternate choice.
- Change #2 is called your subsequent change. If you have used your alternate choice of treating doctor and you are still dissatisfied, you must request and receive permission from the network for the subsequent change of treating doctor.

You will need to contact the network at:

- Telephone: 214.217.5939 or toll free 888.466.6381
- E-mail: netcare@injurymanagement.com or,
- By faxing the completed form to 214.217.5937 or 877.946.6638
- You may also mail a copy of the **Request For Subsequent Change in Treating Doctor Form # IMO MSN-7** to: IMO Med-Select Network®, P.O. Box 260287, Plano, TX 75026
- Complaints: netcomplaint@injurymanagement.com

18. What do I do if my treating doctor dies, retires, or leaves the network?

If your current treating doctor dies, retires or leaves the network you are allowed a change of treating doctor at any time during your care.

19. What if I don't live in the service area?

If you do not live in the service area, you are not required to receive health care from the certified network. You should contact your claims adjuster to discuss this matter.

20. The Notice of Network Requirements states that I must receive medical care from the network if I live in the network service area. How is "live" defined?

Where an employee lives includes:

- a. The employee's principal residence for legal purposes, including the physical address which the employee represented to the employer as the employee's address;
- b. A temporary residence necessitated by employment; or
- c. A temporary residence taken by the employee primarily for the purpose of receiving assistance with routine daily activities because of the compensable injury.

21. What if I need to be referred to a specialist?

If you need a specialist, your treating doctor will refer you. You must go to a health care provider in the network, except in emergencies and other special circumstances. All referrals to a specialist must be approved by your treating doctor. Appointments with specialists are to be set no later than 21 days after the date of the request. If there is an urgent medical need, a shorter time period may be appropriate.

22. What if I need a specialist that is not in the network?

If your treating doctor decides there is no provider or facility in the network that can provide the treatment you need for your compensable injury, he or she will contact the network for permission to send you to a provider outside of the network.

Your treating doctor is required to submit to the network a completed referral called a **Request for Out-of-Network Specialist form # IMO MSN-4**. The network will approve or deny the request within seven days of receiving this form from the treating doctor.

You and your treating doctor will be notified by telephone and in writing if the request is not approved. The notice will also explain the appeal process.

23. What is Telephonic Case Management?

When you are injured at work you will be provided with a telephonic case manager (TCM) to assist with coordination of your medical needs. A TCM is a licensed and certified medical professional that will help coordinate the medical services that your doctor recommends. The TCM will also provide education and help with communication between you and your doctor and employer. The network wants you to have the best quality of care and a safe stay at work / return to work health outcome.

24. What is considered to be an emergency?

As defined by the Texas Insurance Code:

“Medical Emergency” – means the sudden onset of a medical condition manifested by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in:

- a. Placing the patient’s health or bodily functions in serious jeopardy; or
- b. Serious dysfunction of any body part or organ.

25. How do I receive emergency care?

You should seek treatment from the nearest urgent care facility or hospital emergency room if emergency care is necessary. The network provider directory lists urgent care centers and hospitals that participate in the network.

26. How can I get a network provider directory?

Your employer will have a network provider directory available. A network provider directory

also will be available at:

1. IMO Med-Select Network® Website: www.injurymanagement.com
2. Or you may call us directly at:
 - a. Network Main Line – 214.217.5939 or 888.466.6381
 - b. Customer Care – 214.217.5936 or 877.870.0638

27. Will medical services need prior approval?

Some medical services must be approved in advance. Unless there is an emergency need, your treating doctor must contact the network for approval prior to providing the following health care services:

IMO Network Preauthorization List *Emergency care never requires Preauthorization*

1. **Hospital and Surgical Care:**
 - a. All inpatient admissions including length of stay and, when necessary, extending the authorized length of stay. Including all nursing home/convalescent services.
 - b. All inpatient and outpatient surgical procedures performed in hospital or Ambulatory Surgical Center (ASC)
2. **Mental Health Care:**
 - a. All psychological/psychiatric services after the completion of the initial evaluation.
 - b. Testing, therapy, repeat interviews, and biofeedback.
3. **Physical Medicine Services (PT, OT, ST, CHIRO):**
 - a. Any additional requested beyond Network notification listed below
 1. Physical medicine outside of the first six sessions rendered/completed within 2 weeks following the initial date of injury
 2. Physical medicine outside of the first six sessions rendered/completed within 2 weeks post authorized surgical intervention.
4. **Diagnostics:** Repeat Diagnostics study > \$350 per fee schedule, or without fee schedule value.
5. **Injections:** All injections other than steroid including: Epidural Steroid Injections (ESIs), facet, trigger point, synvisc, SI, prolotherapy, chemonucleolysis, discograms, medial branch blocks and rhizotomies.
6. **Rehabilitation Programs:** All Rehabilitation, Work Conditioning, and Work Hardening programs. This includes home health/residential treatment.
7. **Durable Medical Equipment:** (DME) billed at \$1000 or greater per item, either cumulative rental or purchased including Bone Growth Stimulator and TENS Unit.
8. **Treatment not addressed or not recommended by Evidence Based Guidelines:** Unless pre-approved as part of a treatment plan.
9. **RX:** Drugs on the “N” list and all compounds.
10. **Dental:** Procedures requested after initial evaluation.
11. **Investigational TX:** Any investigational or experimental service or device for which there is early, developing, scientific or clinical evidence demonstrating the potential efficacy of the treatment, service, or device that is not yet broadly accepted as the prevailing standard of care.

12. *Pain Medicine/Other Programs*: Chronic Pain Management/Interdisciplinary Pain Rehabilitation.
13. *Treatment for Disputed Body Part & Conditions*: Any treatment for an injury or diagnosis that is not accepted by the carrier per Labor Code §408.0042 and 28 Tex. Admin. Code §126.14.
14. *Misc.:* K-Wire removal, Chemo, Radiation.

28. What happens if I am unable to work?

Your telephonic case manager will work with your doctor, employer and workers' compensation adjuster to coordinate possible work programs to accommodate your restrictions while rehabilitating.

29. How do I file a complaint?

1. If you are dissatisfied with any aspect of the network, you may file a complaint by completing the **Complaint Form # IMO MSN-3**.
2. You must file the complaint within 90 days of the event about which you are dissatisfied.
3. To obtain and submit this form you can contact the **Network Complaint Dept.** by:
 - a. Writing: P.O. Box 260287, Plano, TX 75026
 - b. Calling: 877.870.0638
 - c. E-mailing: netcomplaint@injurymanagement.com
4. The network will respond to your complaint with a letter of acknowledgment within seven calendar days after receipt of the complaint.
5. Every complaint will be investigated and resolved within 30 calendar days after receipt of the complaint.
6. The network will send a letter to you explaining its decision and recommendations.

30. How do I file an appeal?

1. If you are dissatisfied with the complaint response, you must submit your appeal either by calling the network at 877.870.0638 or writing to the network. This process does not require a form completion, but you may use the Complaint Form # IMO MSN-3 and check the appropriate box to indicate that you are filing an appeal:

IMO Med-Select Network® Attention:
NetAppeal Committee P.O. Box 260287
Plano, TX 75026

2. File the appeal within 15 days of receiving the decision letter.
3. The network will send a letter when it receives the appeal and once again when the decision is made.

31. What should I do next, if I do not agree with the network's complaint or appeal resolution?

If you are dissatisfied with the network's complaint or appeal resolution, you may file a complaint with the Texas Department of Insurance (TDI). A complaint form can be accessed at:

1. TDI Website at www.tdi.state.tx.us, or
2. TDI HMO Division at the following address: HMO Division, Mail Code 103-6A, Texas Department of Insurance, P.O. Box 149104, Austin, TX 78714-9104

Find a Provider Search Instructions

www.injurymanagement.com

The “Find a Provider” search button is located under the “A Leader in Managed Care” homepage.



It can also be found under “Services – IMO Med-Select Network”.



The IMO Med-Select Network® is equipped and available to service the following networks:

- ✦ **Texas Health Care Network (1305)** – Since 2009, IMO’s territory base includes over 65 counties in the State of Texas with over 7,500 providers directly credentialed and contracted. We cover over 300,000 lives in the State of Texas. It is select in nature as it only allows the specialty needs in the service county area that promote provider relations, care satisfaction and continuity of care. We are ranked one of the top network performers due to our strategic method to managed care.
- ✦ **Nonsubscriber Specialty Networks** – Since 1993, a pioneer in the space of nonsubscribers, IMO can organically grow a custom network for nonsubscribers that provide primary or specialty providers. Selective providers who are credentialed and contracted and experienced in the nonsubscriber market. IMO has available experienced nonsubscriber medical case managers coupled with provider expertise to manage effectively and proactively.
- ✦ **Texas Networks (504 Inter-local)** – IMO is equipped to develop and administrate a 504 Network for a single public entity.

[FIND A PROVIDER](#)

Contact Information

IMO Med-Select Network®
P.O. Box 260287
Plano, TX 75026

Telephone Numbers

Network Main Line – [214.217.5939](tel:214.217.5939) or [888.466.6381](tel:888.466.6381)
Customer Care – [214.217.5936](tel:214.217.5936) or [877.870.0638](tel:877.870.0638)
Network Direct Fax – [214.217.5937](tel:214.217.5937) or [877.946.6638](tel:877.946.6638)

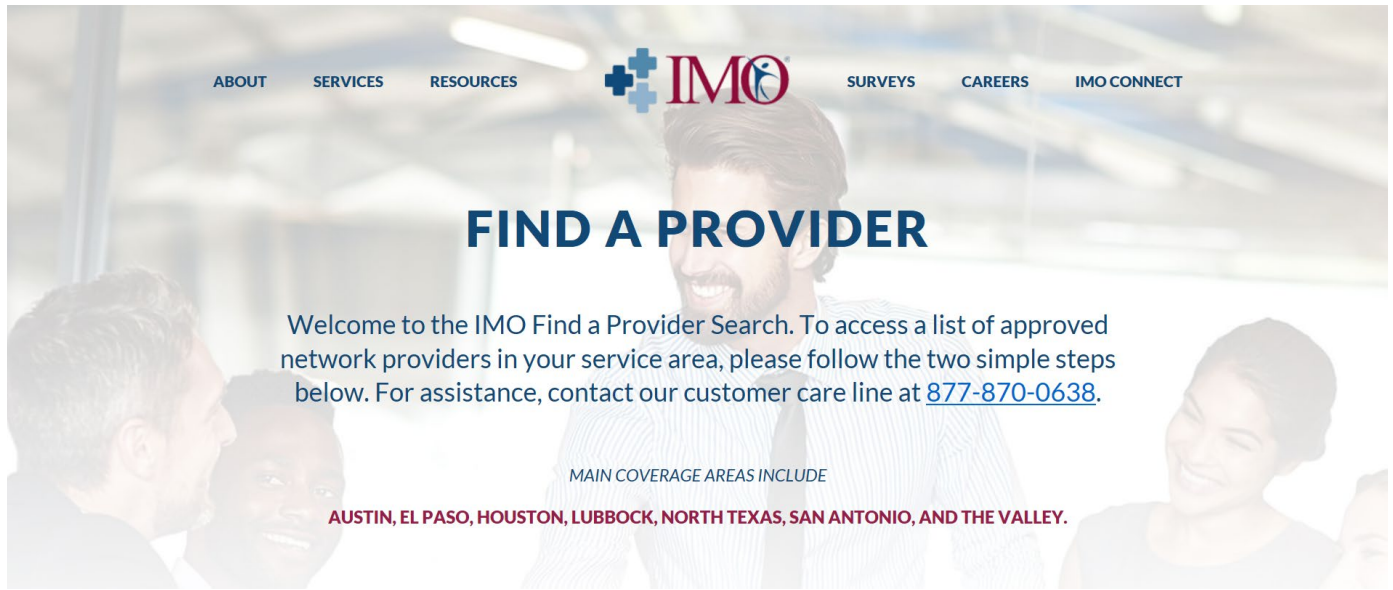
Email Addresses

netcare@injurymanagement.com (Main Department)
providerrelations@injurymanagement.com
netcomplaint@injurymanagement.com

Forms to Download

Request for Initial or Alternate Treating Doctor Form
TDI Preauthorization Request Form
Provider Nomination Form
Provider Concern Form – *Please email completed form to providerrelations@injurymanagement.com*

Pressing the button will take you to the “Find A Provider Page”:



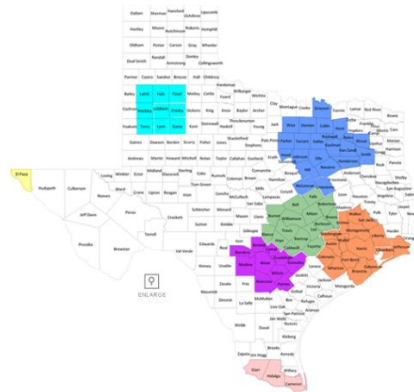
Determine Your Service Area

As you scroll down on the page you will see Determine Your Service Area. If you **do not** live in a geographical county listed, please contact your insurance carrier whose information can be given by your employer. If you **do** live in a geographical county listed, please proceed to Step 1.”

Note: A color-coded service area map by county is given / available (see below).

DETERMINE YOUR SERVICE AREA

State	Region	County	City	Zip	Service Area
Alabama	Mobile	Mobile	Mobile	36688	Mobile
Arkansas	Little Rock	Little Rock	Little Rock	72201	Little Rock
California	San Diego	San Diego	San Diego	92101	San Diego
Colorado	Denver	Denver	Denver	80202	Denver
Florida	Miami	Miami	Miami	33131	Miami
Georgia	Atlanta	Atlanta	Atlanta	30303	Atlanta
Illinois	Chicago	Chicago	Chicago	60601	Chicago
Indiana	Indianapolis	Indianapolis	Indianapolis	46204	Indianapolis
Iowa	Des Moines	Des Moines	Des Moines	50319	Des Moines
Kansas	Wichita	Wichita	Wichita	67201	Wichita
Kentucky	Louisville	Louisville	Louisville	40202	Louisville
Louisiana	New Orleans	New Orleans	New Orleans	70112	New Orleans
Maine	Portland	Portland	Portland	04101	Portland
Massachusetts	Boston	Boston	Boston	02101	Boston
Michigan	Ann Arbor	Ann Arbor	Ann Arbor	48101	Ann Arbor
Minnesota	Minneapolis	Minneapolis	Minneapolis	55401	Minneapolis
Mississippi	Jackson	Jackson	Jackson	39201	Jackson
Missouri	St. Louis	St. Louis	St. Louis	63101	St. Louis
Montana	Billings	Billings	Billings	59101	Billings
Nebraska	Omaha	Omaha	Omaha	68101	Omaha
Nevada	Las Vegas	Las Vegas	Las Vegas	89101	Las Vegas
New Hampshire	Manchester	Manchester	Manchester	03101	Manchester
New Jersey	Newark	Newark	Newark	07101	Newark
New Mexico	Albuquerque	Albuquerque	Albuquerque	87101	Albuquerque
New York	New York City	New York City	New York City	10001	New York City
North Carolina	Raleigh	Raleigh	Raleigh	27601	Raleigh
North Dakota	Bismarck	Bismarck	Bismarck	58101	Bismarck
Ohio	Columbus	Columbus	Columbus	43201	Columbus
Oklahoma	Oklahoma City	Oklahoma City	Oklahoma City	73101	Oklahoma City
Oregon	Portland	Portland	Portland	97201	Portland
Pennsylvania	Philadelphia	Philadelphia	Philadelphia	19101	Philadelphia
Rhode Island	Providence	Providence	Providence	02901	Providence
South Carolina	Columbia	Columbia	Columbia	29201	Columbia
South Dakota	Sioux Falls	Sioux Falls	Sioux Falls	57101	Sioux Falls
Tennessee	Memphis	Memphis	Memphis	38101	Memphis
Texas	Austin	Austin	Austin	78701	Austin
Texas	El Paso	El Paso	El Paso	79901	El Paso
Texas	Houston	Houston	Houston	77001	Houston
Texas	Lubbock	Lubbock	Lubbock	79401	Lubbock
Texas	San Antonio	San Antonio	San Antonio	78201	San Antonio
Texas	The Valley	The Valley	The Valley	75701	The Valley
Utah	Salt Lake City	Salt Lake City	Salt Lake City	84101	Salt Lake City
Vermont	Montpelier	Montpelier	Montpelier	05601	Montpelier
Virginia	Richmond	Richmond	Richmond	23201	Richmond
Washington	Seattle	Seattle	Seattle	98101	Seattle
Washington	Spokane	Spokane	Spokane	99201	Spokane
West Virginia	Charleston	Charleston	Charleston	25301	Charleston
Wisconsin	Madison	Madison	Madison	53701	Madison
Wyoming	Cheyenne	Cheyenne	Cheyenne	82001	Cheyenne



IMO MED-SELECT NETWORK
Service Area Map

The IMO "Find a Provider" process includes a total of two steps.

Step 1: Define Your Search

The screenshot shows the 'Step 1: Define Your Search' form. At the top, there is a navigation bar with links for ABOUT, SERVICES, RESOURCES, SURVEYS, CAREERS, and IMO CONNECT. The IMO logo is centered. Below the navigation bar is a large grey box containing the search form. The form is titled '1 DEFINE YOUR SEARCH'. It includes a section for 'ENTER YOUR ZIP CODE:' with a text input field. Below that is a 'PREFERRED DISTANCE:' section with five radio button options: 'Less than 5 Miles', '15 Miles' (which is selected), '30 Miles', '60 Miles', and '75 Miles'. At the bottom of the form are four search criteria sections, each with a text input field: 'SEARCH BY PRACTICE / FACILITY NAME:', 'SEARCH BY PROVIDER TAX ID NUMBER:', 'SEARCH BY PROVIDER LAST NAME:', and 'SEARCH BY CITY NAME:'.

- Enter Your Zip Code
- Tell us Your Preferred Distance
 - Less than 5 Miles
 - 15 Miles
 - 30 Miles
 - 60 Miles
 - 75 Miles

Other boxes you can filled in but it is not required:

- Search by Practice / Facility Name
- Search by Provider Last Name
- Search by Provider Tax ID Number
- Search by City Name

Step 2: Choose Your Provider Type

The screenshot shows the 'Step 2: Choose Your Provider Type' form. It is titled '2 CHOOSE YOUR PROVIDER TYPE'. There are four columns, each representing a provider type with a radio button and a description. The first column, 'TREATING DOCTORS', is selected. The second column is 'SPECIALISTS / FACILITIES'. The third column is 'MMI / IR PHYSICIANS'. The fourth column is 'ALL PROVIDERS'. Each column has a 'SELECT' button at the bottom. The descriptions for each type are: 'TREATING DOCTORS' (requires your treating doctor to be a physician chosen from the network directory and who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). Treating doctors' primary service must be one of the following: Family Practice / Family Medicine, General Practice / General Medicine, Occupational Medicine, Internal Medicine or Physical Medicine & Rehabilitation (in El Paso only).), 'SPECIALISTS / FACILITIES' (Your treating doctor must be the one to refer you to a specialist.), 'MMI / IR PHYSICIANS' (Your treating doctor must be the one to refer you to a Maximum Medical Improvement and / or an Impairment Rating Filing Physician.), and 'ALL PROVIDERS' (Your treating doctor must be the one to refer you to a Maximum Medical Improvement, Impairment Rating Physician or Specialist.).

- Treating (Note: When selected, the following disclaimers will appear)
 - The IMO Med-Select Network® requires your **Treating Doctor** to be a physician chosen from the network directory and who is a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO).
 - Treating Doctors’ primary service **must** be one of the following: Family Practice / Family Medicine, General Practice / General Medicine, Occupational Medicine, Internal Medicine, or Physical Medicine / Rehabilitation (El Paso service area only).
- Specialist (Note: When selected, the following disclaimer and dropdown options will appear)
 - Your Treating Doctor **must** be the one to refer you to a Specialist.
 - *Note: To see a list of dropdown fields visit www.injurymanagement.com and click on the “Select Specialty” within the Specialists/Facilities box.*
- MMI / IR (Note: When selected, the following disclaimer will appear)
 - Your Treating Doctor **must** be the one to refer you to a Maximum Medical Improvement and / or an Impairment Rating Provider.
- All Providers (Note: When selected, the following disclaimer will appear)
 - Your Treating Doctor **must** be the one to refer you to a Specialist or a Maximum Medical Improvement and / or an Impairment Rating Provider.

After the above is submitted, the person will see the following information in this order (from left to right). A snapshot of our current Website provider list is below for zip code 75287.

1. Practice / Facility Name
2. Provider Name, Last, First
3. Specialty
4. Credentials
5. County
6. Address
7. City
8. State
9. Zip Code
10. Phone Number

Providers (28) In Your Area

[Print List](#) [Email List](#) [Nominate Provider](#) [New Search](#)

Practice / Facility Name	Provider Name	Specialty	Credentials	County	Address	City	State	Zip	Phone
MedSpring - North Dallas	Beckstrom, Perry	Family Practice	DO	Dallas	3410 President George Bush Turnpike	Dallas	Texas	75287	(888) 980-0505
MedSpring - North Dallas	Kehres, Douglas	Family Practice	MD	Dallas	3410 President George Bush Turnpike	Dallas	Texas	75287	(888) 980-0505
MedSpring - North Dallas	Oei, Carryl	Family Practice	DO	Dallas	3410 President George Bush Turnpike	Dallas	Texas	75287	(888) 980-0505
MedSpring - North Dallas	Soni, Sachin	Family Practice	MD	Dallas	3410 President George Bush Turnpike	Dallas	Texas	75287	(888) 980-0505
MedSpring - North Dallas	Wilson, Janell	Family Practice	MD	Dallas	3410 President George Bush Turnpike	Dallas	Texas	75287	(888) 980-0505
US Healthworks	Baxter, Shiu-Yueh	Family Medicine	MD	Denton	1837 W. Frankford Road, #116	Carrollton	Texas	75007	(972) 236-1941
US Healthworks	US Healthworks - Carrollton,	Urgent Care Facility	UCF	Denton	1837 W. Frankford Road, #116	Carrollton	Texas	75007	(972) 236-1941
CareNow Carrollton	CareNow Carrollton,	Urgent Care Facility	UCF	Denton	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 939-9495
CareNow Carrollton	Paul, Vincent	Family Medicine	MD	Denton	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 939-9495
CareNow Carrollton	Rodriguez, Orson	Family Medicine	MD	Denton	1017 W. Hebron Parkway	Carrollton	Texas	75010	(972) 939-9495

In the upper right-hand corner of the screen, you have the ability to print or email the listing. If you press the facility you will be taken to another screen from which you can download the information in a pdf.

PROVIDER DETAILS

[Download PDF](#) [Email Listing](#) [New Search](#)

Practice / Facility Name:
MEDSPRING - NORTH DALLAS

Primary Specialty:
FAMILY PRACTICE

Provider Name
BECKSTROM, PERRY

Credentials
DO

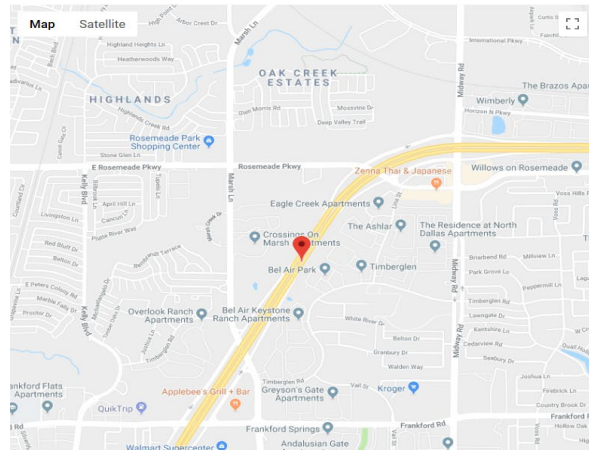
County
DALLAS

Address
3410 PRESIDENT GEORGE BUSH TURNPIKE
DALLAS, TEXAS 75287

Phone Number
[\(888\) 980-0505](tel:8889800505)

Fax Number
[\(512\) 831-4310](tel:5128314310)

Body Part 1
ALL



For further questions, please contact the IMO Med-Select Network® at 888.466.6381.