

**TRISTAR Managed Care
HISD WC 504 Provider Panel
Provider Nomination Form**

INSTRUCTIONS

Please complete the form below and fax it to the HISD 504 Panel Administrator at (714) 245-4856 or mail to TRISTAR Managed Care Attn: HISD Panel Administrator P.O. Box 10220 Santa Ana, CA 92711. Nominations can take 4-6 weeks for completion. Form submission does not guarantee the requested nominee will be added to the panel.

I. Requesting Employee Information

First:		Last:		MI:		Date of Injury:	
Date Of Birth:		SSN:		Claim Number:			
Address:				City:			
				State:			
				Zip:			
				County / Parish:			
Phone:		Fax:		Email:			

II. Provider Information

Provider Name:							
Provider Group (if applicable):							
Address:				City:			
				State:			
				Zip:			
				County / Parish:			
Phone:		Fax:		Email:			

III. Reason for Nominating Provider

Explain Why You Are Nominating this Provider (Attach additional sheets if necessary.):