



**CCMSI
HISD WC 504 Provider Panel
Provider Nomination Form**



INSTRUCTIONS

Please complete the form below and submit to CCMSI by:

- fax – (713) 218-8579; or
- email – Houstonisd@CCMSI.com; or
- mail – CCMSI; Attn: HISD Panel Support; PO Box 3309; Bellaire, TX 77402

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.):