



Important Information about Medical Care If You Have a Work-Related Injury or Illness

Title 8, California Code of Regulations, Section 9767.12
as of 2006

NOTICE: All employees must sign this document verifying that they have received this information about the insurance company's approved Medical Provider Network (MPN).

California Law requires that your employer provide and pay for medical treatment if you are injured at work. We have chosen to provide this medical care by using a workers compensation physician network called a Medical Provider Network (MPN).

This notification tells you what you need to know about the MPN program, and describes your rights in choosing medical care for work related injuries and illnesses. The regulations require MPNs to follow all medical treatment guidelines established by the DWC, and must allow employees a choice of provider(s) in the network.

After your first visit with an MPN, you have the opportunity to get second and third opinions within the MPN if you disagree with the diagnosis or the treatment offered.

What Is an MPN?

A Medical Provider Network (MPN) is a group of health care providers (physicians and other types of providers) set up by an insurer or self-insured employer and approved by the DWC to treat workers injured on the job. Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine. MPNs must meet access to care standards for common occupational injuries and work-related illnesses.

Further, the regulations require MPN providers to use medical treatment guidelines adopted by the DWC. MPNs must allow employees a choice of provider(s) in the network after the employee's first visit.

What Happens If I Am Injured at Work?

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer or insurer that you have had a work-related injury, your employer or insurer will arrange an initial appointment with a doctor in the MPN.



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How Do I Choose a Provider?

After the first visit, you may continue to be treated by this doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury.

What If I Disagree with My Doctor about Medical Treatment?

If you disagree with your doctor or do not like your doctor for any reason, you may always choose another doctor within the MPN.

If you disagree with either the **diagnosis or treatment** prescribed by your doctor, you may ask for a second opinion from a doctor within the MPN. If you want a second opinion, you must contact the MPN Contact and tell them you want a second opinion. The contact person will make sure you have a list of MPN doctors to choose from. Then you may choose a doctor from the MPN and make an appointment within 60 days. You must tell the MPN Contact person of your appointment date.

What If I Am Already Being Treated for a Work-Related Injury before the MPN Begins? What is 'Transfer of Care?'

We have a 'transfer of care' policy that describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the MPN. If your current treating doctor is a member of MPN, then you may continue to treat with this doctor and your treatment will be under the MPN. You will not be transferred to a new doctor within the MPN if your injury or illness meets any of the following conditions:

- **Acute** – The treatment for your injury or illness will be completed within 30 days;
- **Serious or Chronic** – Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.



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What If I Am Already Being Treated for a Work-Related Injury before the MPN Begins? What is 'Transfer of Care?' (continued)

- **Terminal** – You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **Pending Surgery** – You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.

What If I Am Being Treated by an MPN Doctor and the Doctor Leaves the MPN?

Your employer or insurer has a written **Continuity of Care Policy** that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in MPN.

What If I Have Questions or Need Help?

- **MPN Contact** – You may always contact your Human Resources Department or Stuart Nakutin if you need help or an explanation about your medical treatment due to a work-related injury or illness.
- **Information and Assistance Officer** – If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call Information and Assistance Officer at the Division of Workers Compensation at 1- 800-736-7401.

I have received, read, understand and have no questions. At this time I do not wish to pre-designate my own doctor for a workers compensation injury.

Signed _____ Date _____



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California Law requires that your employer provide and pay for medical treatment if you are injured at work. We have chosen to provide this medical care by using one of two ways:

- Workers Compensation physician network called a Medical Provider Network (MPN). Our insurance company administers this MPN. If an employee is injured on the job, we must send you to one of our approved clinics, or
- Your own pre-designated doctor through your HMO.

What If I Want to Be Treated by My Own Doctor?

You can 'Pre-Designate' your own personal doctor, PPO or HMO by using the form on the following page and returning it to YOUR SUPERVISOR after your doctor completes and signs their portion of the form.

By predestinating your private, PPO or HMO physician, you will obtain the benefit of being treated by your usual doctor who has access to all your medical records and will be able to return you to work as soon as medical possible.



Physician Pre-Designation Form

EMPLOYEE: Complete This Section

Employee Name (please print) _____

You can be treated immediately by your personal medical doctor (MD) from your HMO or a doctor of osteopathy (D.O.) if:

- Your employer offers group health coverage.
- The doctor has treated you in the past and has your medical records.
- Prior to the injury the doctor agreed to treat you for work injuries or illness and you gave your employer the doctor's name and address in writing. This is called 'pre-designating a personal physician.' If you give your employer the name and address of a personal chiropractor (D.C.) or acupuncturist (L.Ac.) in writing prior to the injury or illness, your claims administrator will arrange treatment with another doctor, then you may switch to the chiropractor or acupuncturist upon request during the first 30 days after your employer knows of your injury or illness. You can notify your employer of a physician pre-designation by completing this form and returning it to your employer.

Employee Signature _____ Date _____

Company Name _____

Company Address _____

Going forward, in the event of an industrial injury or illness, I want to receive treatment from:

Name of Doctor _____

Street Address _____

City, State, Zip Code _____

Phone Number (include area code) _____

PHYSICIAN: Complete This Section

I agree to treat the above named individual should they have a work injury or illness. I understand that medical services in the California workers compensation system are subject to preauthorization of non-emergency services and diagnostic tests, utilization review, reporting requirements, and fees governed by the Official Medical Fee Schedule promulgated by the Division of Workers Compensation. I also agree to participation in the insurance company's Medical Provider Network.

Physician Name (please print) _____

Physician Signature _____ Date _____

Office Manager/Billing Contact Name _____

Street Address _____

City, State, Zip Code _____

Mailing Address (if different) _____

City, State, Zip Code _____

Phone Number (include area code) _____ Physician Tax ID # _____

E-mail _____