TO: All District Employees

FROM: District Office

SUBJECT: Procedures for Medical Treatment of Work-Related Injuries

Attached is information regarding Workers' Compensation benefits. In order to provide immediate appropriate medical care and control the high cost of workers' compensation coverage, the District has established procedures for the handling of work-related injuries and illnesses.

Designated Physician/Facilities:
The District is permitted by statute to control medical treatment of work-related injuries for the first thirty (30) days from when the injury was reported, and has designated a physician/facility for the convenience of the employees. The list of physicians designated for the purpose of medical care in the event of a work-related injury/illness is attached.

Employees, however, who have notified the district in writing prior to the date of injury, of the desire to be treated by a personal physician (see attached Pre-Designated Physician Form) may be immediately treated by their own physician once the District has verified that the physician is able and willing to treat industrial injuries/illnesses. Labor Code Section 4600 defines personal physician as "…the employee's regular physician and surgeon…who has previously directed the medical treatment of the employee, and who retains the employee's medical record, including his or her medical history".

> This notification of personal physician/medical facility must be returned to_____by_____.

Please be aware, personal chiropractors may not be pre-designated due to the utilization of the MPN (Medical Provider Network).

If you do not pre-designate a personal physician or medical facility, after initial treatment with the district's designated physician/facility you may request a one-time change of physician. If an employee so requests, the Third Party Administrator shall offer the employee one change of physician.

Central Region
School Insurance Group

This Section to be completed by employee:

Date:_____

Employee Name:_____Position:_____

In the event of any on-the-job, work-related injury, I request that I be treated by my personal physician as indicated below:

Personal Physician: _____

Physician's Address: _____

_____

Physician's Phone Number: _____

Important Requirements for Personal Physicians:

- The physician is the employee's regular physician (MD), licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.
- The physician is the employee's primary care physician under their medical plan and has previously directed the medical treatment of the employee, and retains the employee's medical records, including his or her medical history.
- The physician agrees to be pre-designated and has signed approval below.

Employee Signature:_____ **Date**:_____

This section to be completed by Personal Physician:

I agree to be the Pre-Designated Physician for the above-referenced individual for the treatment of work-related injuries. I understand that payment will be made at reasonable maximum amounts in the official medical fee schedule, pursuant to Section 5307.1 of the Labor Code in effect on the date of service. Payments shall be made by the employer within 45 working days after receipt of each separate itemization of medical services provided, together with any required reports and any written authorization for services that may have been received by the physician.

Physician's Signature:_____ **Date**:_____