



## TEHAMA COUNTY PRE-DESIGNATION OF PERSONAL PHYSICIAN FORM

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your Pre-Designated Medical Provider (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- On the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- The doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- Your “personal physician” may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries;
- **Prior to the injury** your doctor agrees to treat you for work injuries or illnesses;
- **Prior to the injury** you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met. You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work –related injury or illness and the above requirements are met. ***Absent a Pre-Designation of Personal Physician Form injured/ill employee will be sent to the County's designated medical facility for treatment.***

### NOTICE OF PRE-DESIGNATION OF PERSONAL PHYSICIAN

#### EMPLOYEE SECTION

If I have a work-related injury or illness I choose to be treated by:

Name of Pre-Designated Physician:

Address, City, State of Physician:

Telephone Number of Physician:

Employee's Printed Name:

Employee's Address:

Employee's Signature:

Date:

#### PHYSICIAN SECTION

I agree to this Pre-designation and will treat this employee for workers compensation injuries, as needed:

Printed Name of Physician:

License #:

Physician Signature:

Date:

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

**Unsigned forms will be deemed invalid.** Once the form is completed return the form to your departments Workers Compensation Coordinator. If you are unsure who this is, please check with your supervisor. The form must be on file prior to a work related injury to be valid.

**Title 8, California Code of Regulations, section 9780.1(a)(3) & 9783.**



## NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

Since your employer does not have a Medical Provider Network, you have the option to **change** your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing **prior to the injury** or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. **After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.**

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. **Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor.** This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule. You may use this form to notify your employer of your personal chiropractor or acupuncturist.

### EMPLOYEE SECTION

If choose to have an chiropractor or an acupuncturist as my optional pre-designated doctor

Name of Pre-Designated Chiropractor or Acupuncturist:

Address, City, State:

Telephone Number:

Employee's Printed Name:

Employee's Address:

Employee's Signature:

Date:

### CHIROPRACTOR/ACUPUNCTURIST SECTION

I agree to this Pre-designation and will treat this employee for workers compensation injuries, as needed:

Printed Name of Chiropractor or Acupuncturist:

License #:

Chiropractor Acupuncturist Signature:

Date: