

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (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.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (Name of Employer)

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

(Name of Doctor)(M.D., D.O., or Medical Group)

(Street Address, City, State, ZIP)

Telephone number: _____

Employee Name
(Please Print): _____

Employee’s Address: _____
Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee’s
Signature: _____ Date: _____
Physician: I agree to this Pre-designation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician or Medical Group)

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).

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer’s insurer does not have a Medical Provider Network, you may be able 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.

Your Chiropractor or Acupuncturist’s Information:

(Name of chiropractor or acupuncturist)

(Street Address, City, State, Zip Code)

(Telephone Number)

Employee Name (please print): _____

Employee’s Address: _____

Employee’s
Signature: _____

Date: _____

Title 8, California Code of Regulations, section 9783.1.
(Optional DWC Form 9783.1 Effective date July 1, 2014)

What Should I Do If I Have An Injury?

1. Report your injury to your employer right away, no matter how slight the injury may be. Don’t delay---there are time limits, and when you delay in reporting an injury it makes it more difficult to get you the help that you need. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. **If you cannot report to the employer or don’t hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.**
2. Get emergency treatment if needed. If it’s a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow-up treatment.
3. If your injury only requires “First Aid” treatment, you do not need to complete an Employee Claim Form. You and your supervisor will complete a Hazard/ Incident Report to document the incident.
4. If your injury requires more than First Aid treatment, you will need to complete an Employee Claim Form (DWC-1) and a Hazard/Incident form with your supervisor.
5. Your supervisor will help facilitate your medical treatment with the employer designated physician, and may even accompany you to the appointment.
6. Your employer has an “Early Return-to-Work” policy. They are committed to providing you with modified duty or alternate work to help you continue to work so you do not lose any of your usual income. Please be sure to communicate with your employer regarding modified duty so that you do not lose any time from work.
7. It is very important that you communicate with your Risk Manager, supervisor and claims examiner throughout your recovery period. If you have questions, don’t be afraid to ask.

WARNING

Your employer may not pay workers’ compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

What if there is a problem?

If you have a concern, speak up. Talk to your employer or claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following: **Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit.** All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California’s workers’ compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free. To contact the nearest I&A Unit, go to www.dwc.ca.gov and under “Workers’ Compensation programs and units”, click on “Information & Assistance Unit.” At this site you will find fact sheets, guides and information to help you.

The nearest I&A Unit is located at:

Information & Assistance Office:
Sacramento
160 Promenade Circle, Suite 300
Sacramento, CA 95834-2963
(916) 928-3158

You May Consult With an Attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers’ compensation attorneys, call the State Bar of CA at (415) 538-2120 or go to their website at www.californiaspecialist.org. You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

Your Employer Designated Physician/Facility is:

Sutter Co. Health & Wellness Clinic
1215 Plumas Street, Suite 1300A
Yuba City, CA 95991
Phone (530) 763-4625

MPN Information
www.eiampn.csac-eia.org
MPN IDENTIFICATION NUMBER:
2400

WORKERS’ COMPENSATION FRAUD IS A FELONY.

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers’ compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

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Facts about Workers’ Compensation Injury Management Program

Getting hurt on the job is hard enough . . . We want to help you recover and get back to work as soon as possible.

SUTTER COUNTY

Trindel
Insurance Fund

P.O. BOX 2069
WEAVERVILLE, CA 96093
PHONE: (530) 623-2322
FAX: (530) 623-5019

Workers’ Compensation is a confusing process, but with the help of your employer and claims examiner, we can make the process easier and less stressful.

What is workers’ compensation?

Workers’ compensation is a benefit provided to you if you are injured on the job or if you become ill due to your job.

It’s our job to manage work injury claims from the minute an injury occurs until bringing you back to full-time productive duty, and ensure that you get the quick and appropriate medical treatment you need to get you healed and back to your normal activities.

What is Trindel Insurance Fund?

We are the Joint Power Authority (JPA) that administers your employer’s workers’ compensation insurance. We have more than 30 years of experience as a JPA. Our members include Alpine, Colusa, Del Norte, Lassen, Modoc, Mono, Plumas, San Benito, Sierra, Sutter, and Trinity Counties.

What is a workers’ compensation injury or illness?

It is an injury or illness that arises because of your employment or in the course of your employment. In California, workers’ compensation is a “no fault” benefit. There are various injuries, and illnesses that are covered by workers’ compensation. You could get hurt by a specific incident, such as hurting your knee in a fall. You could also sustain a repetitive motion injury from doing the same motion over and over.

What is a first-aid injury?

A “First Aid” injury is one where the medical treatment provided to the injured employee does not include x-rays, prescription medications, or sutures. Treatment can be administered by a physician, and can include one follow-up visit. Any treatment beyond this is not “First Aid”, and a formal injury claim would need to be filed.

Does this coverage affect my own health insurance coverage?

No. Your personal healthcare insurance is completely separate. Workers’ compensation insurance only covers work-related injuries and illnesses and pays all pre-approved medical treatment to cure or relieve the effects of the work-related injury or illness.

What do I do if I have an industrial injury, or think I have had an injury or illness caused by my work?

It is important that you report your injury to your supervisor as soon as possible after it occurs.

Fill out DWC-1 claim form and give it to your employer. Your employer must give you a DWC-1 claim form within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC-1 claim form.

What are my benefits and rights?

Medical Treatment

Within 24 hours after an employee files a completed Employee Claim Form, the law requires the employer to authorize appropriate medical treatment until the claim is accepted or rejected, up to a maximum limit of \$10,000. All medical treatment is provided in accordance with the Medical Treatment Utilization Schedule (MTUS). The MTUS is a schedule adopted by the Department of Workers’ Compensation Administrative Director that all insurance carriers must use when authorizing, modifying or denying medical treatment requested for a work-related injury.

Medical care is paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

What is Utilization Review (UR)?

When your primary treating physician requests medical treatment for your injury, that request must be reviewed by a licensed medical physician to make sure it is the appropriate treatment for your injury, and the stage of the injury.

DISCRIMINATION IS ILLEGAL

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers’ compensation claim
- Intend to file a workers’ compensation claim
- Settle a workers’ compensation claim
- Testify or intend to testify for another injured worker

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers’ compensation benefits, and costs and expenses set by state law.

How long should it take for a decision to be made when medical treatment is requested by my doctor?

The Utilization Review department has five working days to make a decision about a medical treatment request. If additional information is needed from your physician to make the decision, then UR has up to 14 days to make the decision. You will be notified by mail of any modified or denied treatment request, along with the reason for the modification or denial.

Temporary Disability Benefits

Temporary disability is a benefit paid to you if you lose time from work because of your work injury. There is a three-day waiting period, however, this is waived if you are off work for fourteen calendar days or are hospitalized. Temporary disability is a weekly benefit that is paid every two weeks. The weekly benefit rate is based on your average weekly wages. There are minimum and maximum payment limits set by state law. You must be medically disabled by your primary treating physician in order to receive temporary disability benefits. This benefit stops when you return to work, your doctor releases you for work, or says your injury has improved as much as it’s going to. There is also a limit on the number of weeks that you can collect temporary disability benefits. For dates of injury on or after January 1, 2008, there is a maximum number of 104 weeks within a five year period from the date of injury that benefits are paid.

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers’ compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office EDD or go to their website www.edd.ca.gov.

Permanent Disability Benefits

The words, “Permanent Disability” do not mean you are permanently disabled. They mean you may have some permanent limitations in your ability to work caused by your work injury. There may be some compensation for these limitations. The amount depends on how much of the permanent disability is directly caused by your work injury. Other factors are also taken into consideration, such as your age and occupation. Permanent disability benefits are a fixed amount and are paid in two-week intervals until the fixed amount is paid in full. This is not a life-long benefit, and the weekly benefit amount ranges from \$230-\$290, depending on your date of injury and percentage of disability.

Death Benefits

Benefits are paid to the spouse, children or other dependents if a work injury or illness causes the death of the employee. The benefit amount is based on the total number of dependents the employee has. The weekly benefit is paid every two weeks at a rate of at least \$224 per week. In addition, the death benefit provides for a burial allowance for up to \$10,000.

Supplemental Job Displacement Benefits

This is a voucher for \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:

- You have a permanent disability
- Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor’s report saying you have made a maximum medical recovery.

Early Return-to-Work Program

Everyday that you are off work means you are losing much needed income. Temporary disability benefits are two-thirds of your average weekly wage. It doesn’t take long to get behind on your mortgage payments and other bills. Statistics show that employees that return to work as soon as they are medically able recover quicker from their injury. Your employer is committed to helping you stay working and return to work if you sustain an industrial injury that leaves you unable to do your usual and customary job duties. You can help with this process by actively communicating with your treating doctor, employer and claims examiner about the kinds of work you can do while recovering. Efforts will be made to return you to modified duty work or alternate work that is medically appropriate. Depending on the nature of your injury or illness, modified or alternate work may be temporary or may be extended.

What is a Primary Treating Physician (PTP)?

A primary treating physician is the doctor with the overall responsibility for treating your injury or illness. He or she may be the doctor you name in writing before you get hurt on the job; a doctor from a medical provider network (MPN); the doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN, or the doctor you choose after the first 30 days if your employer does not have an MPN.

What is a Medical Provider Network (MPN)?

An MPN is a select group of health care providers who treat injured workers. Your employer, County of Sutter, has an MPN. If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list. **See last page for MPN information.**

What is Pre-designation?

Pre-designation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medical (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing before you get hurt or become ill. You may pre-designate a doctor if your employer offers group health coverage and the doctor must have: Treated you; maintained your medical history and records before your injury and, agreed to treat you for a work-related injury or illness before you get hurt or become ill.

How Do I Pre-designate a Personal Physician?

You may use the “Pre-designation of Personal Physician” form included with this pamphlet. After you fill in the form, be sure to give it to your employer. If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing before you get hurt. After you fill in the form, be sure to give it to your employer. With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. 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. 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. Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include 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, or if your employer has authorized additional visits in writing.