

Optional Form

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. 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) (D.C., L.Ac.)

(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
(DWC Form 9783.1 – Effective Date March 2006)

Note to employee: State law does not allow a chiropractor to be a treating physician beyond a maximum of 24 visits. A personal chiropractor must be your regular, licensed chiropractor (D.C.) who previously directed your treatment and retains your chiropractic treatment records, including your chiropractic history. A personal acupuncturist must be your regular, licensed acupuncturist (L.Ac.) who previously directed your treatment and who retains your acupuncture treatment records, including your acupuncture history.

If your employer offers a workers' compensation Medical Provider Network (MPN), you may only switch to a personal chiropractor or acupuncturist within the MPN. If you are a member of a workers' compensation Health Care Organization (HCO) different rules apply, so check with your employer or claims administrator if that is the case.

When a work injury or illness occurs...

- If emergency medical care is needed, call 911 or go to the nearest emergency room.
- Report injuries immediately to your supervisor or employer representative at _____ (telephone). Your employer may advise you on where to go for treatment. Your employer also is required to provide you with a claim form within one working day of learning of your injury, so ensure your rights to benefits by reporting every injury, no matter how slight, and request a claim form if it's more than a simple first-aid injury. Your employer must notify the claims administrator and authorize medical treatment within one working day of receiving your claim form, and will direct you to a doctor, clinic, or to a hospital if necessary. Any delay in reporting an injury may delay workers' compensation benefits. If your claim or benefits are denied, you have a right to challenge the decision at the Workers' Compensation Appeals Board, but there are deadlines for filing the necessary papers, so don't delay.
- Call your employer representative or claims administrator if you have questions or problems. It is illegal for an employer to fire or discriminate against you just because you file, intend to file, or settle a workers' compensation claim, or because you testify for a co-worker who was injured. If you prove this kind of discrimination, you will be entitled to job reinstatement, lost wages and increased benefits, plus costs and expenses up to a maximum set by the state legislature.

Emergency Telephone Number: Call 911 for an ambulance, the fire department, police, or for emergency medical care from a doctor or hospital. For nonemergency medical care, contact your employer, the workers' compensation claims administrator listed below, or go to:

Claims Administrator:

Name _____

Check if company is self-insured

Telephone _____

Free help and information are available by contacting a Division of Workers' Compensation information and assistance officer at the local office listed below. You can hear recorded information and get a list of local offices by calling (800-736-7401), or you can get additional written information about workers' compensation by going to the Division of Workers' Compensation web site at www.dwc.ca.gov.

DWC Information & Assistance Office

Street Address _____

City _____

Telephone _____

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 and may be fined and imprisoned.

This pamphlet is available in Spanish. For a free copy, please write: CWCI, 1111 Broadway, Suite 2350, Oakland, CA 94607. Esta información esta traducida al español. Para conseguir una copia, favor de escribir a: CWCI, 1111 Broadway, Suite 2350, Oakland, CA 94607.

The information in this pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation. **The information applies to claims for injuries occurring on or after January 1, 2013.**

To reorder: This pamphlet, as well as state-approved workers' compensation posting notices, DWC-1 claim forms, and other information for injured workers and employers may be ordered from the online store at www.cwci.org, or you may request an order form by calling 510-251-9470.

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www.cwci.org

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Benefits

The California workers' compensation law guarantees you three kinds of benefits:

- All reasonable and necessary medical care for your injury or illness... with no deductibles. Medical benefits may include treatment by a doctor, hospital services, lab tests, x-rays, physical therapy and medicines. State law makes non-emergency medical services subject to preauthorization and limits some medical services.
- Tax-free payments to help replace lost wages while you are temporarily disabled. Additional payments are made if the injury causes a permanent disability or death.
- If your injury or illness causes permanent disability that prevents you from returning to work and your employer doesn't offer appropriate regular, modified or alternative work, you may be eligible for a supplemental job displacement benefit. This is a nontransferable voucher of up to \$6,000 for education-related retraining and/or skill enhancement at state-approved schools, and other items and services to help you get back to work.

Benefit Payments

- **Medical Care:** All medical bills for reasonable and necessary treatment will be paid directly by the claims administrator, so you should never receive a bill. The name and phone number of the claims administrator are at the end of this document and are posted at your workplace.
- **Temporary Disability:** If you are unable to work for more than three days, including weekends, you are entitled to temporary disability (TD) payments to help replace your lost wages. About two weeks after reporting the injury, you'll get a check. You will continue to receive TD checks every two weeks after that until the doctor says you can return to work, or that your medical condition is "permanent and stationary." (Payments won't be made for the first three days, however, unless you're hospitalized as an inpatient or unable to work more than 14 days.) The amount of these checks will be two-thirds of your average wage, subject to minimums and maximums set by the state Legislature. It probably won't be the full amount of your regular paycheck, but there are no deductions and the payments are tax free. Under state law, TD payments for a single injury may not extend for more than 104 compensable weeks within five years from the date of injury, or for more than 240 weeks within five years from the date of injury for a few long-term injuries such as severe burns or chronic lung disease. If you reach the maximum TD payment period before you can return to work or before your medical condition becomes permanent and stationary, you may be able to obtain State Disability benefits through the California Employment Development Department (EDD). You also may be able to get these benefits if your TD is delayed or denied. There are time restrictions, however, so contact EDD at 1-800-480-3287 or www.edd.ca.gov for information on when and how to apply.
- **Permanent Disability:** If your doctor says your injury or illness will always leave you somewhat limited in your ability to work, you may receive permanent disability payments. The amount depends on the doctor's report, how much of the permanent disability was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. The minimum and maximum amounts are set by state law, and vary by injury date, but if you have a permanent disability, your claims administrator will send you a letter explaining how the benefit was calculated. In general, the total amount is set at a weekly rate spread over a fixed number of weeks. The first payment is due within 14 days after the final temporary disability payment, or if you were not receiving temporary disability, 14 days after your doctor says your condition is permanent and stationary. After that, the benefit will be paid every 14 days until you reach the maximum or until you settle your case and receive a lump sum.
- **Death Benefits:** If the injury or illness causes death, payments may be made to individuals who were financially dependent on you.

These benefits are set by state law and the amount depends on the number of dependents and the date of injury. Generally, the payments are made at the same rate as temporary disability payments; however, no payments will be less than \$224 per week. Workers' compensation also provides a burial allowance.

- **Supplemental Job Displacement Benefit:** If the claims administrator receives a doctor's report that you have recovered as much as possible from your job injury, and that you have a permanent disability, within 60 days you may receive a form with an offer of regular, modified or alternative work from your employer. If 60 days after receiving the doctor's report your employer has not offered you regular, modified or alternative work, your claims administrator has 20 days to offer you the Supplemental Job Displacement Benefit. This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at a state accredited school, books, required tools, professional license and certification fees, or other resources that can help you find a new job. There are limits on how much you can spend for some items, but if you qualify, you'll get information on what types of expenses are covered, the limits, documentation requirements, and deadlines for using this benefit.

Other Benefits

Workers' compensation is sometimes confused with State Disability Insurance (SDI). They seem similar, but there are important differences. Workers' compensation insurance covers on-the-job injuries and illnesses and is paid for entirely by your employer. On the other hand, SDI covers off-the-job injuries or sickness, and is paid for by deductions from your paycheck. If you are not receiving workers' compensation benefits, you may be able to get State Disability benefits. For information, call the local office of the state Employment Development Department listed in the government pages of your phone book, or learn more at www.edd.ca.gov/disability/.

If your work injury results in a permanent disability and the state determines that your workers' compensation permanent disability benefit is too low compared to your loss of future earnings, you may qualify for additional money from a Return-to-Work Fund, approved by state lawmakers in 2012. This fund is administered by the Department of Industrial Relations, and details on eligibility and how to apply will be included in state regulations, so if you have questions or think you may qualify, contact the local DWC Information and Assistance office listed in the back of this pamphlet, or visit the Division of Workers' Compensation web site at www.dwc.ca.gov.

If You Have Questions

... ask your supervisor or employer representative. Or contact the workers' compensation claims administrator (the name and phone number are listed at the end of this document and are posted at your workplace). You also can contact an information and assistance officer at the State Division of Workers' Compensation (DWC). Information and assistance officers are available at no charge to answer questions, review problems and provide additional written information about workers' compensation. The local office is listed at the end of this document and is posted at your workplace, or you can call 800-736-7401, check the local listing in the white pages of the phone book under State Government Offices/Industrial Relations/Workers' Compensation, or go to the DWC web site at www.dwc.ca.gov.

More About Medical Care

Good medical care is important - to you, your family and your employer. Quality medical treatment is the quickest way to recovery.

- If emergency care is needed, call 911 for immediate help and get the best treatment available until emergency personnel arrive.
- If first-aid is available at your workplace, seek immediate treatment. Report to your employer where, when and how the accident happened. If it's more than a simple first-aid injury, ask your employer for a claim form.
- To make sure your medical bills get paid and you get all of your benefits, complete the "Employee" section of the claim form and return it to your employer as soon as possible. Employers must

notify the claims administrator and authorize medical care within one working day of receiving a claim form, so get a signed and dated copy back from your employer and keep it with the other paperwork related to your claim.

- Your claims administrator will arrange medical care that meets the treatment guidelines for the injury. The doctor, who may be a specialist for your type of injury, will be familiar with workers' compensation requirements and will report promptly so your benefits can be paid.
- Your employer may have a Medical Provider Network (MPN), which is a network of health providers who treat workers injured on the job. If so, MPN information can be found on a notice posted at your work-site. You also can request information on how to use the MPN by asking your employer or by calling the MPN number on the poster.
- The doctor with overall responsibility for your treatment is the "primary treating physician" (PTP). The PTP decides what kind of medical care you need and when you can return to work. The PTP may review your job description with you and your employer to define any limitations or restrictions that you may have when you go back to work. The PTP also will coordinate any care you receive from other medical providers, and for a serious injury, will write reports about any permanent disability or need for future medical care.
- You can be treated by your personal doctor immediately if you have health care coverage for nonwork injuries and illnesses; the doctor has treated you before, has your medical records, and has agreed in advance to treat you for work injuries or illnesses; and you gave your employer the doctor's name and address in writing before the injury. This is called "predesignating a personal physician." If you decide to predesignate, the doctor must be someone who has limited his or her practice of medicine to general practice or be a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner; or you can predesignate a multispecialty group of licensed doctors of medicine or osteopathy (M.D.s or D.O.s) that provides comprehensive medical services primarily for nonoccupational injuries and illnesses. You can use the optional Predesignation of Personal Physician form included in this pamphlet to give your employer the necessary information. You can use the optional DWC Form 9783.1 to name a personal chiropractor or acupuncturist, but different rules apply, and you may need to see an employer-selected doctor first.
- If your employer has an MPN, but you have a predesignated personal physician, you may receive treatment immediately from that doctor. If your employer has an MPN and you do not predesignate a personal physician prior to injury, a network doctor will generally be your PTP for the duration of treatment. For treatment other than emergency care, your claims administrator should direct you to an MPN doctor for your first medical visit, though you may switch to another doctor in the network anytime after your first visit. If you want to switch to a chiropractor or acupuncturist, including a personal chiropractor or personal acupuncturist named prior to the injury, he or she must be in the network. Different rules apply if you are in a workers' compensation Health Care Organization (HCO). If your employer has an MPN or if you are in an HCO, your employer will provide additional information about the network and your rights under your plan.
- Generally, if you don't predesignate a personal physician prior to the injury, and are not covered by an MPN, you can switch to your own doctor 30 days after the injury is reported. If you want to switch doctors before that, your claims administrator will give you a list of doctors to choose from. (Different rules apply if you are in a HCO, so check with your claims administrator if that's the case.) If you want to change doctors for any reason, choose carefully, and if you want advice on specialists, talk to the claims adjuster who works for your claims administrator. They're as interested as you are in your prompt recovery and return to work and will help you get a different doctor.
- In any event, report your choice to the claims adjuster as soon as you make it so the bills will be paid for you. Even minor injuries may need expert care. Prompt, quality medical care is the best investment you and your employer can make.

Optional Form

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:

- 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 nonoccupational 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 nonoccupational coverage insurer/program: _____

Employee's Signature: _____

Date: _____

Physician: I agree to this Predesignation:

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 predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Note to Employee: Unless an employee agrees, neither the employer nor the claims administrator shall contact your personal physician to confirm a predesignation [CCR 9780.1(f)]. If your physician did not sign above, other documentation that they agreed to be predesignated prior to the injury will be required. If you agree that after receiving this form your employer or claims administrator may contact your physician to confirm the predesignation, sign below:

Employee Signature: _____

Employee I.D.#: _____ Date: _____

Note to Physician: California workers' compensation medical services are subject to preauthorization of non-emergency services; utilization review; reporting requirements; and the California Official Medical Fee Schedule. The following optional information may assist communication and facilitate the authorization, reporting, recordkeeping and payment processes:

Office Manager/Billing Contact: _____

Phone: _____

Mailing Address (if different from street address): _____

Fax: _____ Email: _____

Physician License #: _____

Physician Tax I.D. #: _____