



SAMPLE DESIGNATED DOCTOR FORM

MEMORANDUM

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 Tuolumne JPA medical providers 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 Employee Pre-Designated Treating Physician Notification 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 must be returned to _____
by_____.

Please be aware, if you chose to pre-designate a personal chiropractor on the attached form, you must see the district's designated doctor/facility for your initial treatment. Should you desire a change in physicians after your initial treatment by the district's designated physician/facility, you need to notify LWP Claims Solutions the administrator, that you will be seeking treatment with your pre-designated personal chiropractor.

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

First Aid Treatment

The District is permitted by statute to treat certain work-related injuries as a first aid claim. A First Aid Claim is defined as any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care. Such one-time treatment and follow-up visit for the purpose of observation is considered first aid even though provided by a physician or registered professional personnel. (Defined under regulation 14311 (c)).

EMPLOYEE PRE-DESIGNATED TREATING PHYSICIAN NOTIFICATION FORM

Pursuant to Labor Code Section 4600, an employee has the right to designate a "Personal Physician" to treat immediately following an industrial injury. This right enables an employee to select a physician, who meets the following guidelines listed below, to direct their treatment in lieu of the Employer Designated Facilities.

On _____, I, _____
(Date) (Employee Name)

Designate _____ to direct treatment of any industrial injury
(Name of Doctor)

immediately following the occurrence. This doctor will remain on file as my "Personal Physician" until I submit any changes in writing to my employer.

(Physician's Street Address)

(Physician's Phone Number)

(Physician's City, State, Zip)

(Employee's Signature)

(Date)

TO BE COMPLETED BY "PERSONAL PHYSICIAN"

Labor Code Section 4600 lists the requirements for a "Personal Physician". Please review the following and sign in acknowledgement that you meet all of these requirements.

1. The "Personal Physician" must be a "physician or surgeon" who is licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code. Sections 2041 and 2051 define a physician and surgeon as a licensee, holder of a physician's, surgeon's, or podiatrist certificate which authorizes the use of drugs and devices as well as to sever and penetrate human tissue for the purposes of treating injuries, diseases, deformities, etc.
2. The physician must be the employee's primary care physician and has previously directed the medical treatment of the employee and retains the employee's records including the employee's medical history.
3. The physician must agree to be pre-designated.

(Physician's Signature)

(Date)

Return completed form to: _____