

## PREDESIGNATION OF PERSONAL PHYSICIAN FOR WC INJURY

Pursuant to the Labor Code (Section 4600), you are allowed to predesignate your personal physician to treat you if you are injured on the job and need to file a workers' compensation claim. Enclosed is a form which you can use to do so. *It must be completed and submitted to your employer before you are injured on the job to be effective.* If you complete and submit the form predesignating your personal physician, you will be allowed to treat with that doctor immediately after any workplace injury. If you fail to predesignate such a physician, your employer or its insurer will likely control your medical treatment for the duration of any claim (if they have created a medical provider network) or the first 30 days after the injury (if they have not created such a network). If you are injured on the job and have not predesignated a physician, the doctor to which your employer or its insurance carrier sends you might say that you don't need medical treatment, you are not disabled, or your condition is not job related. This would result in substantial delay in getting Workers' Compensation Benefits. Or, you might not get them at all!

In order to predesignate your personal physician, the physician must be your regular primary care physician who maintains your medical records and the doctor must agree to be predesignated. If your medical treatment is through a *medical group* which provides comprehensive medical services (e.g., Kaiser), you may designate the group as your personal physician. A chiropractor should generally not be designated as the treating physician as there is a cap on the number of visits (24) for which a chiropractor may be deemed the treating physician.

To protect yourself in the event of a work place injury, take a moment to complete the enclosed form and then submit it to your employer. NOTE: *you must complete the form each time you start working for a new employer.*

## Personal Physician Form

To : \_\_\_\_\_  
(Name of Employer)

In the event that I sustain a job-related illness or injury, I designate my personal physician to provide medical care immediately after the injury, and for the purpose of all related care, as appropriate, for the duration of my treatment for that illness or injury. My physician has agreed to be predesignated. By making this request, I am not waiving my right to immediate, appropriate and adequate emergency medical treatment in instances where my personal physician is unavailable, nor am I waiving my right to be referred to specialists or other providers, as necessary.

Personal Physician Name: \_\_\_\_\_  
(Physician's name or name of Medical Group (e.g., Kaiser))

Physician's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_