

LOS RIOS COMMUNITY COLLEGE DISTRICT
OPTIONAL
PRE-DESIGNATION 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 insurance for injuries/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 illness 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 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 PRE-DESIGNATION OF PERSONAL PHYSICIAN
(Employee: Complete this section)

To: Los Rios Community College District (name of employer).

If I have a work-related injury or illness, I choose to be treated by: _____
(Name of Physician) (M.D., D.O., or medical group)

_____/_____
(Physician's street address, city, state, ZIP) (Physician's telephone number)

Employee Name: _____ **Employee ID#** _____
(please print)

Employee's Address: _____

Name of insurance company, plan or fund providing health coverage for non-occupational injuries or illnesses:

Employee's Signature: _____ **Dept:** _____ **Location:** _____ **Date:** _____
Status: Faculty Regular Classified Temporary Classified Student Help Manager

Note to Employee: Unless an employee agrees, neither the employer nor the claims administrator shall contact your personal physician to confirm a pre-designation. If your physician does not sign the form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree that after receiving this from your employer or claims administrator may contact your physician to confirm the pre-designation, sign below:

Employee's Signature: _____ **Date:** _____

Physician: I agree to this Pre-designation:

Signature: _____ **Date:** _____
(Physician or Designated Employee of the Physician 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).

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 process:

Office Manager/Billing Contact: _____
Mailing Address (if different from street address): _____
Phone: _____ **Fax:** _____ **Email:** _____

EMPLOYEES: IF YOU CHOOSE TO COMPLETE THIS FORM, PLEASE RETURN THE COMPLETED FORM TO HUMAN RESOURCES AT THE DISTRICT OFFICE. REMEMBER: ALL work related injuries or illnesses must be reported to your Supervisor promptly.

Original: Employee's Personnel File **Copy:** General Services Insurance file **Copy:** V.P. of Administration