

Physician Predesignation

You can be treated immediately by your personal medical doctor (M.D.) or a doctor of osteopathy (D.O.) if:

- your employer offers group health coverage;
- the doctor has treated you in the past and has your medical records;
- prior to the injury the doctor agreed to treat you for work injuries or illnesses and you gave your employer the doctor's name and address in writing.

This is called "predesignating a personal physician." If you give your employer the name and address of a personal chiropractor (D.C.) or acupuncturist (L.A.C.) in writing prior to the injury or illness, your claims administrator will arrange treatment with another doctor, then you may switch to the chiropractor or acupuncturist upon request during the first 30 days after your employer knows of your injury or illness. You can notify your employer of a physician predesignation by completing the following form and returning it to your employer.

To: (name of employer) **Stanford, Risk Mgmt., MC: 6207**

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

(Name of doctor) _____ Circle one (M.D., D.O., D.C., L.A.C.)

(street address) _____

(city, state, ZIP) _____

(telephone number) _____

I understand that this doctor must have treated me in the past and must maintain my medical records.

Employee Name (please print) _____

Employee

Signature _____

Date _____ Work Phone _____

Employee I.D.

Number _____

Physician: Complete this section. I agree to treat the above named individual should they have a work injury or illness. I understand that medical services in the California workers' compensation system are subject to preauthorization of non-emergency services and diagnostic tests, utilization review, reporting requirements, and fees governed by the Official Medical Fee Schedule promulgated by the Division of Workers' Compensation.

Physician Name (please print) _____

Physician Signature _____

Date _____

Office Manager/Billing Contact Name(s) _____

Street Address _____

Mailing Address (if different) _____

Phone/Fax Number _____

Email _____

Physician Tax I.D. Number _____