

Medical Provider Predesignation Form

TO BE COMPLETED BY COVERED EMPLOYEE

I acknowledge receipt of my employer's notice of its approved Medical Provider Network (MPN) for any work-related injuries I may have in the future. _____

(Initial here)

I, _____ predesignate Dr. _____
(hereinafter "doctor") to be my primary treating physician in connection with my workers' compensation claim(s).

The doctor has been my regular physician and surgeon. The doctor has previously directed my medical treatment and possesses my previous medical history and records.

I certify under the penalty of perjury under the laws of the State of California that the above is true and correct to the best of my knowledge.

Executed at _____ Dated: _____

Employee's Name (Print): _____

Employee's Signature: _____

TO BE COMPLETED BY PHYSICIAN

I, Dr. _____ understand that I am predesignated to be

Mr(s). _____'s (hereinafter "injured worker") primary treating

physician in his/her workers' compensation claim(s).

I declare that:

1. I agree to be predesignated;
2. I have been the injured worker's regular physician and surgeon, licensed pursuant to Chapter 5, commencing with section 2000, of Division 2 of the Business and Professions Code;
3. I have previously directed the medical treatment of the injured worker, and retain the medical records, including his/her medical history;
4. I further understand that the workers' compensation insurer and/or third party administrator may require prior authorization of any and all non-emergency treatment or diagnostic service and that any and all medical treatment requests could be subject to the Utilization Review and the then existing treatment guidelines adopted for the injured worker.

I certify under the penalty of perjury under the laws of the State of California that the above is true and correct to the best of my knowledge.

Executed at _____ Dated: _____

Physician's Name (Print): _____

Physician's Signature: _____

"Any person who makes or causes to be made any knowingly false, or fraudulent material statement or material representation for the purposes of obtaining or denying workers' compensation benefits or payments is guilty of a felony"