Claims Kit

Leading-edge workers' compensation claims management

AF Group

AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

TABLE OF CONTENTS

Claim Quick Step Guide

Part of our mission as an organization is to help you prevent accidents on the job. Our Loss Control team is equipped with knowledge experts and risk mitigation resources to help ensure long term safety success for your organization. However, when injuries happen, we'll be there to guide you and your employees through the process every step of the way.

1. Medical Care

As soon as the injury occurs, it is essential to get the appropriate care immediately. Please call 911 in the event of a medical emergency.

Injured Worker

In an emergency, seek immediate care. Many options, including TeleCompCare®*, exist to help you get medical attention as soon as possible. In non-emergency situations, inform your employer to ensure you are using the appropriate provider.**

Employer

Provide first-aid, if necessary, and arrange for employee medical treatment. Alert the medical facility that the employee is coming.

CompWest

Our team is here to support the injured employee and company from the onset of an injury. We can assist with gaining immediate medical attention.

2Report Your Claim

Report the injury details and refer the injured worker for further medical treatment. Reporting the claim through our online portal (https://dcp.compwestinsurance.com/) is the fastest, easiest option. However, you may also do so via phone or email. Please note, you may also need to report the claim directly to Cal/OSHA. Cal/OSHA requires employers to report any worker fatality within 8 hours and any amputation, loss of an eye or hospitalization of a worker within 24 hours. If unable to report through the portal, please email a completed Form 5020 (First report of injury) to claimsexpress@compwestinsurance.com.

Injured Worker

Communicate the injury to your employer as soon as possible. It is critical to provide a detailed overview of the injury. Return all forms you receive in your welcome packet in a timely manner after the claim is reported — and consult with your claims professional on any questions.

Employer

Submit the claim. Gather all the employee's pertinent details, contact any witnesses, take photos and have the employee complete an accident form. Promptly submit a wage statement on lost time claims to help administer benefits.

CompWest

A claims professional will contact you as soon as possible to discuss the incident and gather any outstanding information.

3. Care

Following the injury, a nurse or doctor will help determine the next steps in getting the injured worker back to work.

Injured Worker

Follow treatment given by medical staff. Be sure to attend any appointments, keep your employer informed of the progress and call the claims professional after every appointment. Register for our online portal at https://dcp.compwestinsurance.com/ to access and manage your claim information 24-7.

Employer

Support the injured worker any way you can. Be sure to stay informed of the medical staff's guidance and any job duties the injured worker can begin to perform. Register for our online portal at https://dcp.compwestinsurance.com/ to monitor the progress of your injured worker.

CompWest

The claims team will be a part of the entire process. We'll ensure the injured worker is getting the appropriate care and the employer is aware of the treatment status.

4. Keep at Work

An effective KAW program shortens the duration of disability and helps keep injured workers functioning effectively in the workplace. After the treating physician releases the injured worker, temporary work restrictions may be provided.

Injured Worker

Continue treatment with the physician and ensure a 'Work Status Form' is sent to the employer following each medical appointment. It should outline the job duties deemed physically appropriate for the injured worker.

Employer

Discuss temporary job modifications, alternative work and/or reduced work hours with the employee. Provide support as they transition into modified tasks.

CompWest

The claims professional will work with the employer to review any work restrictions and assist with the employee's return to work plan.

5. Recovery

Fully recovering from the work injury and returning to a sense of normalcy is the ultimate goal.

Injured Worker

Completing your medical care and continuing any at-home exercises will usually help get you back to peak physical condition.

Employer

Maintain communication with the injured employee and assist them mentally and physically as they return to the job.

CompWest

The claims professional will continue to reach out as the claim is closed. A loss control consultant will be able to help mitigate the future risk of employee injury.

For more information regarding the claim process and to file a claim, please visit https://www.compwestinsurance.com/ph/file-a-claim/
*For further information regarding TeleCompCare®, please contact your agent.

** If you are not sure how care is handled in your respective state, please contact the carrier or employer for guidance.

Claims Contact Information

CompWest

888-266-7937

“How Much Will This Cost?” Less.

18%

Claim Costs Reduction

Based on Industry Average*

24%

Medical Severity Reduction

Over Five Years**

21%

Average E-Mod Reduction

Over Four Years***

While other carriers allocate service costs to the claim, we don't.

TeleCompCare®

24/7 nurse triage hotline with option to connect with physician via video.

CompWest Select Provider Network

Offers a network of physicians most knowledgeable in occupational medicine.

Causation Investigation

No charge to the claim file.

Helps medical providers determine whether an injury is work-related.

In-House Nurse Case Managers

No charge to the claim file.

Keep injured workers, employers, physicians and claim handlers on the same page.

Pharmacy Program

No charge to the claim file.

Proactive pharmaceutical management via myMatrixx to help prevent avoidable medical expenses and reduce pharmacy costs.

Medical Bill Review

No charge to the claim file + 100% of savings credited to claim.

Ensures we pay what we owe — nothing more, nothing less.

* Based on 2017-2021 Workers' Compensation Division data (excluding medical only) and industry data from NCCI, WCIRB (CA), NYIRB and NJCIRB.

** Excludes medical only.

*** Based on 2005-2020 policy year data. Includes accounts with an initial e-mod > 1 who have been with AF Group Workers' Compensation Division brands for at least four years.

AF Group

AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

Claims **Service** Team

We understand the value of effective workers' compensation claims management. Our comprehensive team of claims professionals will assist you whenever workplace injuries occur.

Claims Representatives

- Experienced and dedicated state claims examiners located in the field who understand the legal and medical environment of their jurisdiction
- Efficiently manage caseloads to ensure an individualized and superior servicing approach is performed on each claim
- Provide a positive and consistent customer experience by following empathetic and proactive claims management practices
- Utilize extensive and advanced claims resource tools to achieve high-quality claim outcomes

Nurse Case Management Team

- Works directly with claims handlers in managing severe and complex injuries to ensure high quality care for injured workers
- Located across the country, our nurse case managers work with local providers to ensure injured workers receive timely quality care based upon evidence-based medical guidelines
- Utilizes our claims decision model in early identification of claims which benefits from nurse case management services for care and Return-to-Work
- Assesses and manages claims outcomes impacted by behavioral health issues

Corporate Medical Director

- Provides guidance and strategic direction on a wide range of medical management and cost containment initiatives, with a special focus on improving the quality of care for injured workers

Pharmacy Team

- Our internal pharmacy team consists of pharmacy nurses and pharmacists who work to ensure injured workers are receiving injury-specific medications in a timely manner
- Provides early evaluation of opioid prescriptions to ensure appropriate pain management
- Reviews pharmacy analytics to assess duplicative therapies and over utilization of opioids

Medical Bill Review Team

- Medical expenses are generally a higher percentage of total cost of a claim.
- Our in-house medical bill review team reviews every submitted medial bill to ensure bills are reimbursed fairly and accurately to help combat what is billed versus what's allowed to be reimbursed.
- This review helps us see savings in medical expenses to reduce the overall claims cost and help to drive lower premiums.
    1. Each billed is analyzed to confirm that billing codes correlate with the service.
    2. Review of documentation to ensure that what is billed was also performed.
    3. Scan for services unrelated to overall claim.
    4. Review the billed amount.

AF Group

AF Group AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

Workers' Compensation with Care®

"Caring for injured workers is one of our highest priorities."

That's not something you hear from many insurance companies. At CompWest, we're all about helping people – employers and injured workers – when on-the-job injuries occur.

When we hear about an injury, we reach out to the injured worker right away to make sure that proper medical treatment is administered and modified-duty work is provided as necessary. Below are a few ways to help protect your company from costly lawsuits and keep your insurance costs low.

Benefits of Rapid Reporting
If an injury occurs, report it immediately. This will help us investigate the claim, administer appropriate medical care and work with you to get the injured worker back on the job as soon as possible. Bottom line: Reporting claims immediately helps keep your premium low.

Keep at Work®
Our Keep at Work® program helps injured workers transition to productivity and reduces costs. It is based on either a temporary modification of the employee's job duties, or a temporary reassignment to another position. Either way, the injured worker gets back on the job sooner. Keeping an injured worker on the job instead of at home is always preferred, and it saves you money. CompWest's claims handlers work closely with employers to accommodate injured workers and keep them working.

Injury Reporting – Easy As 1-2-3

1. Medical attention: Refer to your posting notice or call us at (888) CompWest. We can assist you in locating the nearest network provider/clinic.

2. Investigate: Gather information, speak with witnesses and document facts for reporting.

3. Report:
   - Online: CompWestInsurance.com Click "Report a Claim"
   - Phone: (888) 266-7937
   - Fax: (517) 316-2747; (866)814-5595
   - Email: ClaimsExpress@compwestinsurance.com

Promptly forward all completed forms to CompWest via email or fax.

Litigation Avoidance
Taking steps to avoid litigation can lower your insurance premiums. The vast majority of work-related injuries are concluded without the injured worker seeking representation by an attorney.

When litigation does occur, the main reasons for seeking attorney representation are lack of information regarding benefits, and confusion as to how those benefits are provided.

Here's what you can do to lessen the incidence of costly litigation:
1. Create an open atmosphere for reporting injuries.
2. Show compassion and empathy.
3. Assure your injured employee that medical expenses and disability are covered.
4. Give your employees all the required information pamphlets and insurance company contact information.
5. Maintain frequent contact with your injured employee.
6. Direct your injured employee to your designated medical provider.

If an injured worker litigates, or threatens to litigate, notify CompWest immediately.

18489 – 2/2023

TeleCompCare®

Employee Frequently Asked Questions

What are the hours of operation for nurse triage?

Triage nurses are available 24 hours a day, 7 days a week, 365 days a year.

Should the employee still report the injury to their supervisor?

Yes, the employee should first report the injury to their supervisor and the supervisor should conduct their internal investigation as usual. If the employee is requesting medical treatment or is unsure if they need medical treatment, the employee should be instructed to call the TeleCompCare® (TCC) triage nurse.

Does the employee's supervisor need to be on the line or in the room during the nurse triage call and how is the correct employer identified?

When calling the triage nurse, the employee should reference the employer's unique TCC account number. This unique identifier will help the nurse find the correct employer name and location so the claim is set up on the correct policy. The employee provides the triage nurse with their personal information and medical history, so the supervisor should give the employee privacy for the call.

What happens if an employee has an incident, but does not wish to seek medical treatment?

The supervisor/HR representative can report the claim to us online via the appropriate brand claim reporting portal or they can call the nurse triage line. After pushing option #2, they will be directed to our intake department. The supervisor will need to know the employer's policy number to use this option.

How does the triage nurse decide recommended treatment options after speaking with an employee?

With the aid of a computer program, the triage nurse follows evidence-based medical guidelines and specific triage algorithms to determine the proper treatment recommendation. The three treatment recommendations are: Nurse self-care instructions, virtual telemedicine visit or referral to an occupational clinic.

Can an employer choose their own clinic if an employee is referred for treatment?

Absolutely. If the employer already has a relationship with an occupational clinic, the employer should supply this information to our TeleCompCare® team at the time of TCC enrollment and it will be provided to our triage nurse vendor. If a clinic referral is recommended, the employee will be directed or soft channeled (per state laws) to the preferred clinic. In states where a panel is to be provided to the employee, the employee will be referred back to their supervisor to obtain a copy of their employer's panel.

What happens if an employee is recommended to receive treatment via a virtual telemedicine visit?

If the triage nurse recommends a telemedicine visit, they will be transferred to a concierge agent who will help the employee download the virtual telemedicine visit app and create their own personal account. He/she will stay on the phone with the employee until the provider is available.

AFGroup.com | AF Group

What if the employee does not want to participate in a telemedicine visit and would prefer to go to a clinic?

If the triage nurse recommends a telemedicine visit and the employee does not feel comfortable with this option, they always have the choice to decline the telemedicine visit. In this case, the employee will be sent to an occupational clinic or employer's preferred clinic.

How is a return to work addressed during a virtual telemedicine visit?

After the telemedicine visit is complete, the employee will receive an email with instructions to log into the telemedicine application to retrieve their return to work slip which they'll provide to their supervisor/HR rep. A copy of the return to work slip will also be sent to the employer contact listed during initial enrollment.

What percentage of cases are referred for telemedicine, self-care and clinic referral?

On average, 15% of referrals result in a telemedicine recommendation, 43% of referrals are self-care and 42% are referred to an occupational clinic.

How is the first report of injury created after an employee speaks with a nurse?

The triage nurse report is sent to our intake team, where triage information is entered into our claim system and a new loss is created. The employer is no longer required to report the claim separately to AF Group.

Who receives a copy of the nurse triage reports?

The employer can designate who at their company should receive the triage nurse reports for each of their locations. The report can go to several people at each location, however, we will need to obtain a distribution list from the employer.

Is there a cost to use the TeleCompCare® (TCC) program?

If the triage nurse recommends self-care, there is no cost to use the program and the claim is simply recorded. If the nurse recommends treatment such as clinic referral or telemedicine, a charge is applied to the claim file under the medical expense. The employer will not receive a separate bill.

How is the telemedicine virtual appointment paid?

The physician visit is billed and paid to the claim file, the same as an in-person physician visit at a clinic.

How is this program rolled out to an organization?

The TCC team can provide marketing material and support to aid in the rollout to employees, however, the employer rollout is unique to their organization and culture. Typically, TeleCompCare® is rolled out similarly to other employee benefits, like open enrollment. This can be done by distributing the employee marketing packet, posting intranet videos and conducting staff meetings.

Are there multilingual nurses available to speak with an employee?

Yes, the employee has an option to push #9 to connect to a Spanish-speaking nurse. All other translation services are available as well through our vendor partner.

What is the process if the employer mandates post-accident drug testing?

If post-accident drug testing is a mandatory process for the employer's injury reporting process, the supervisor should provide the employee with instructions on how to complete this (per the employer's policy). The triage nurse will not instruct the employee to submit to a drug test.

With TeleCompCare®, Medical Help Is Just a Call Away

As an expert in workers' compensation, AF Group is committed to providing our customers the resources necessary to help keep their employees safe and assist them when injuries occur at work.

Our newest service, **TeleCompCare**®, provides injured workers quick 24/7 access to triage nurses who are trained to offer assessments, refer you to medical care when appropriate and give you a convenient option to connect with an occupational physician via live video conference over your computer, tablet or smart phone.

24/7

Availability of TeleCompCare's nurse triage hotline, ensuring injured workers can receive access to medical care whenever and wherever an incident occurs.

AFGroup.com | AF Group

1

minute or less is the average wait time to speak to a triage nurse

15

years of experience in primary and urgent care held by TeleCompCare® doctors

How TeleCompCare® Works

If a workplace injury occurs, and you request medical treatment, your supervisor will direct you to call your workers' compensation carrier's TeleCompCare® contact line. A triage nurse will answer, provide an initial assessment of the injury and evaluate the type of medical care that is appropriate.

If further medical care is deemed necessary, you can be referred to one of TeleCompCare's certified occupational physicians, who can conduct a virtual appointment online via computer, tablet or smart phone. Telemedicine doctors are dedicated occupational physicians who average 15 years in primary and urgent care experience and are board certified, licensed and credentialed.

If you choose not to pursue the telemedicine option, you will be referred to a nearby occupational clinic (depending on state jurisdictional laws) or advised to see your own physician.

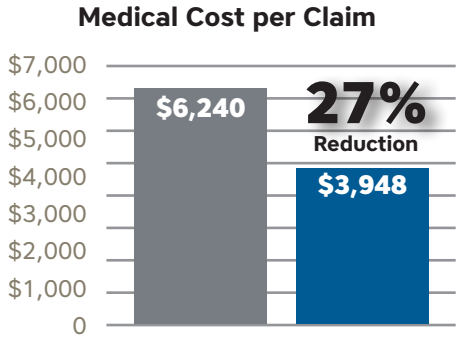
The Benefits of TeleCompCare®

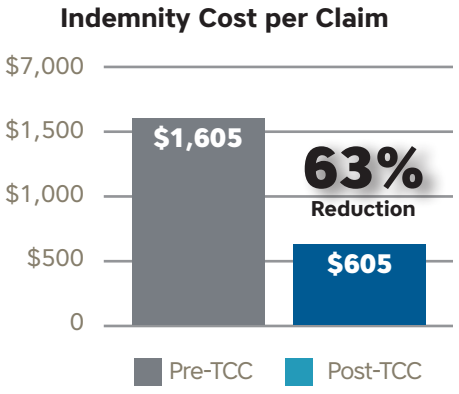
- Immediate treatment can occur via a virtual doctor's visit for many workplace injuries, eliminating the need for scheduling and attending an in-person appointment and waiting room delays.
- Virtual doctor visits allow for the ordering of any needed prescriptions or the scheduling of physical therapy to be done promptly and efficiently.
- By connecting you to appropriate immediate quality care, TeleCompCare® can help prevent a minor injury from becoming more complicated and help you keep focused on returning to wellness.

Learn More About TeleCompCare®

Feel free to speak to your supervisor to learn more about the benefits of TeleCompCare®. For more information about your workers' compensation carrier, visit AccidentFund.com, CompWestInsurance.com, 3CU.com or UnitedHeartland.com.

The Benefits of TeleCompCare®





* Long term large account of AF Group in the Auto Wholesale industry. Graphs represent a minimum of 100 closed claims.

Program overview

In 2017, AF Group introduced TeleCompCare (TCC) – a new nurse triage/ telemedicine program. TCC offers an innovative solution for injured workers to get immediate, appropriate care when a workplace injury occurs. It serves as the First Notice of Loss, which alleviates the need for the manager to fill out the injury forms.

TeleCompCare is simple:

1. Injured worker calls the TCC 800-number (without having to leave work).
2. A nurse does a telephonic assessment of the injury and recommends the appropriate level of care.
3. FNOL is initiated, which starts the claim process.

Treatment Results

In 2019, 53% of injured workers received care without going to a clinic.

- 45% Self Care
- 8% Telemedicine
- 47% Referred to Clinic

Additional leading indicators

- >50% of injured workers receive care while staying at work
- >40% reduction in indemnity claims
- 86% injured worker survey satisfaction rate
- >90% of claims reported within 1- 3 days
- 100% policyholder retention in program

For more information on TeleCompCare, visit your workers' compensation carrier website or speak to your business development consultant.

AccidentFund Insurance Company of America
AccidentFund.com/TeleCompCare

UnitedHeartland
UnitedHeartland.com/TeleCompCare

CompWest
CompWestInsurance.com/TeleCompCare

ThirdCoast Underwriters
3CU.com/TeleCompCare

AF Group

AF Group's Digital Reporting Center
Fast, Convenient, Secure

AF Group's digital reporting experience offers our policyholders access to secure, dynamic data 24/7. Accessible through our customer portals, the system was designed to provide a convenient way to access the information you need, when you need it.

Features include:

- Easy, secure, self-service accessibility to comprehensive claims data
- Policyholder direct claim reporting capabilities
- Ability to identify and directly communicate with the assigned claim representative
- Direct claim access and ability to view public claim notes, public claim documents, upload documents, claim financials, payments and more
- Separate and distinct portal access for injured workers allowing for uploading of documents, viewing of disability check payments and communication with their assigned claim representative

The system is secure and works with all major browsers, including Google Chrome and Microsoft Edge. Visit our customer portal today to see all the reporting capabilities available to you.

AF Group

AccidentFund — AccidentFund.com/login

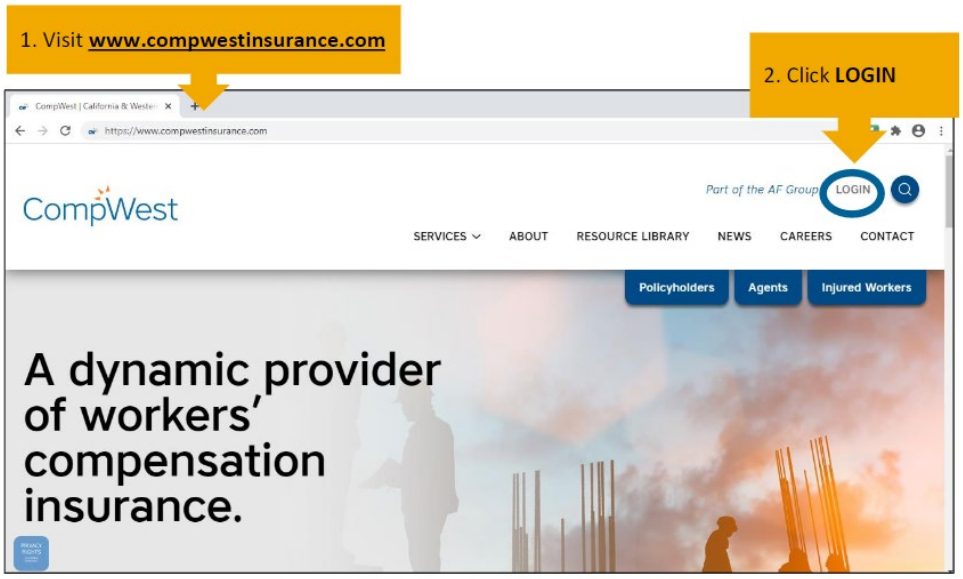
UnitedHeartland — UnitedHeartland.com/login

CompWest — CompWestInsurance.com/login

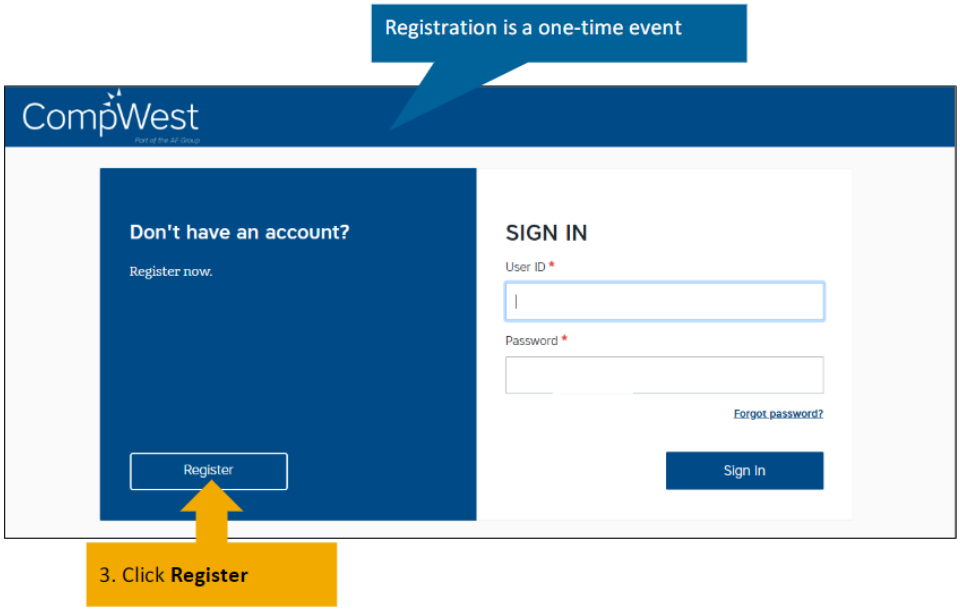
ThirdCoast Underwriters — 3CU.com/login

Portal Registration
Our online portal is a convenient location for policyholders to report a claim, submit required documents and review the status of current claims. To register, please complete the following steps. Please note that you will need to register for every policy.

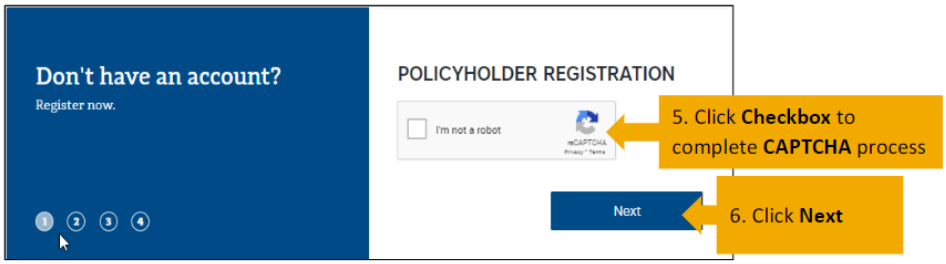
1. Visit **CompWestInsurance.com** and select **"Login."**



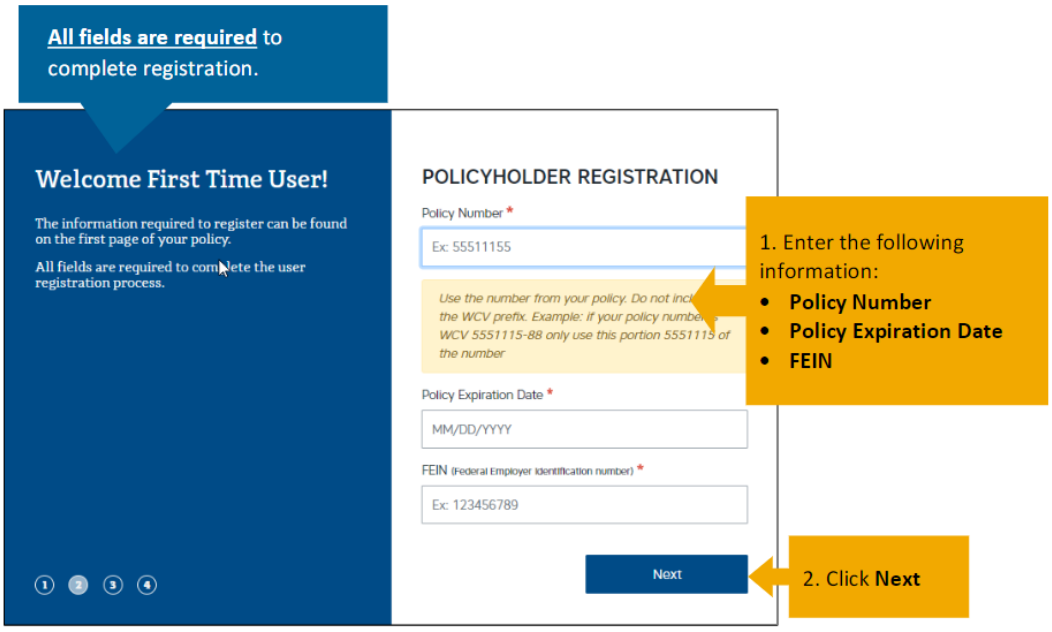
2. If you are a **first-time user**, click the **"Register"** button.

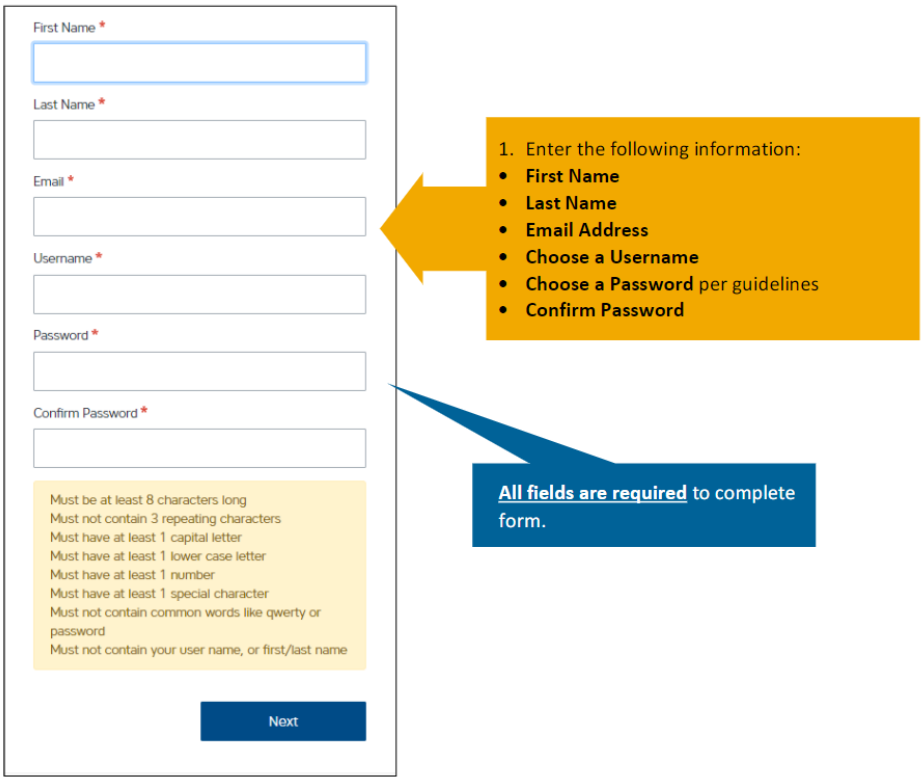


3. Click **"Policyholder,"** click the "**Checkbox"** and click **"Next."**

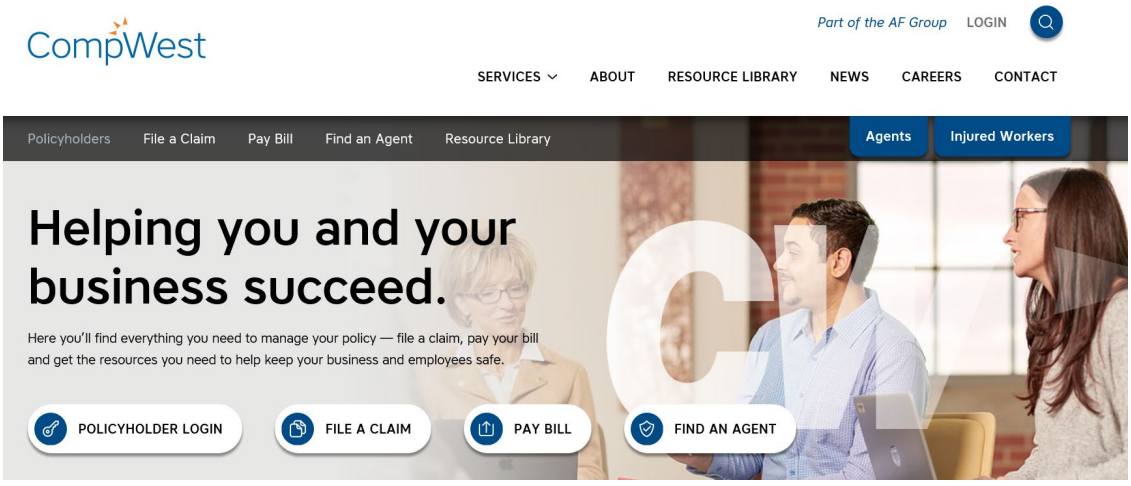


4. You will need your **policy number, policy expiration date and FEIN** to establish a username and passcode. Complete the requested info and **remember your username and passcode.**





NOTE: This username and passcode can also be used to **report injuries** on CompWestInsurance.com.



The advice presented in this document is intended as general information for employers. See CompWestInsurance.com for the complete disclaimer/legal notice.
If unable to report through the portal, please email a completed Form 5020 (First report of injury) to claimsexpress@compwestinsurance.com.

Claim Decision Tool: **AI** for Claims Analytics

Our claim decision tool utilizes artificial intelligence (AI) for predictive modeling. An analytic workstation leverages AI and natural language processing to classify workers' compensation claims and drive actionable results more accurately.

Benefits of the claim decision tool include:

- **Creates** a proactive approach to the claim review process, improving policyholder and injured worker outcomes
- **Identifies** claims with potential to have high costs and poor claim outcomes and engages with the management team early on in the claims process
- **Allows** for appropriate resources to be proactively deployed when they will have the greatest impact on the claim
- **Decreases** claim severity, improves reserve accuracy and provides better care to our injured workers, which all leads to better claim outcomes

For more information, contact your claim representative.

AF Group

AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

myMatrixx Strategic Advantages

myMatrixx by Evernorth

myMatrixx combines clinical expertise, data analysis, deep regulatory knowledge, network strength and signature customer service — putting them all to work for our clients. See how our streamlined pharmacy management process takes you from a no-risk first fill to actual realized savings.

Savings

1 Injury Occurs — No-Risk First Fill Program

2 Point of Service — Prescriber Checks Electronic Medical Records

3 Point of Sale — Prescription is Approved or Electronically Submitted for Authorization

4 Integrated Supply Chain Strength

5 Eligibility Imported at Client's Requested Frequency

6 Business Intelligence

7 Coordinated Support to Monitor Claims

Compliance

8 Clinical Oversight

9 Bill Payment

10 Actual Realized Savings

Safety

Seeing What Others Can't. Adapting When Other's Won't.

myMatrixx® by Evernorth

Safety

Compliance

Savings

Injury Occurs — No-Risk First Fill Program

Customizable and allows injured worker to receive up to 30 days of medication.

Point of Service — Prescriber Checks Electronic Medical Records

Health information network SureScripts unites electronic health records, pharmacy benefit managers, pharmacies and clinicians. Integration increases patient safety, medication adherence and client savings.

Claims adjudicated according to formulary, DUR and established business rules for cost and days' supply limits. State-of-the-art myPassport® portal delivers real-time authorization through a user-friendly interface. Features include single sign-on, live chat, automated and customizable authorization routing capabilities and ability to text Rx card information to injured workers.

Integrated Supply Chain Strength

Fully leveraged network represents 97% of retail pharmacies nationwide. Mail order and specialty pharmacies through parent company Express Scripts. Extended network includes more than 1600 nontraditional pharmacy providers, occupational medicine centers, TPB (e.g., HealthLift, Prescription Partners and Injury Rx) all with guaranteed discounts and electronic bill management.

- Reduced administrative burden from paper bills
- Increased network penetration
- Plan, formulary and regulatory edits adjudication

Eligibility Imported at Client's Requested Frequency

Personalized pharmacy cards provided at time of eligibility—

- Within two to three days, patient receives welcome letter with list of nearby pharmacy locations
- Pharmacy card texting capabilities

Business Intelligence

Advanced data analysis for clinically effective, evidence-based decisions. Proprietary Clinical Analytics Results Engine — CARE℠ — delivers advanced predictive analytics, safety risk scoring and alerts to achieve:

- Identification of patients needing clinical interventions
- Safety, compliance and savings
- Actionable, industry-specific data

Coordinated Support to Monitor Claims

Dedicated account management team includes AM, AE and clinical pharmacist. 24/7/365 live U.S.-based customer service team dedicated to workers' comp.

- Behavioral health
- Urine drug testing
- Case management
- MSA review

Clinical Oversight

Clinical pharmacists provide ongoing oversight utilizing predictive analytics and risk scoring. Injured workers receive clinically appropriate treatment while mitigating unnecessary prescriptions through customizable formularies and comprehensive clinical programs:

- Step Therapy — to ensure generic efficiency
- CARE Threshold Alerts letter program
- One Drug Review
- CASE Rx℠
- Pharmacist-to-provider consultation

Bill Payment

EDI capabilities, transparency and timely payment to providers.

Actual Realized Savings

We achieve cost savings by reducing utilization. We put a clinical emphasis on patient safety and return to wellness. We help close complex claims, improving loss ratios and adjuster efficiency.

Working together, working for better.

myMatrixx.com

AF Group Causation

Post-Injury Fact Finders

AF Group Causation specialists are the post-injury fact finders who help medical providers determine whether an injury is work-related.

Our Causation Team:

- Conducts claimant-specific analysis of job tasks, and occupational and non-occupational risk factors to assess the correlation to the mechanism of injury
- Provides objective findings to independent medical examiner (IME) or treating physician to give an accurate perspective of the job functions in accordance with AMA guidelines
- Does not charge back fees to our policyholders for provided services
- Conducted more than 700 causation investigations in 2022 and reported more than $23 million in loss avoidance

$23M in loss avoidance on average each year

Our Causation team investigates several types of claims:

Ergonomic

Subrogation

Large Loss/ Lower Extremity

Environmental Disease

Return to Work

AF Group Causation helped customers across all AF Group Workers' Compensation Division brands avoid an average of $23M in losses between 2019 and 2022. Figures determined based on internal calculations combining average cost of injury by state.

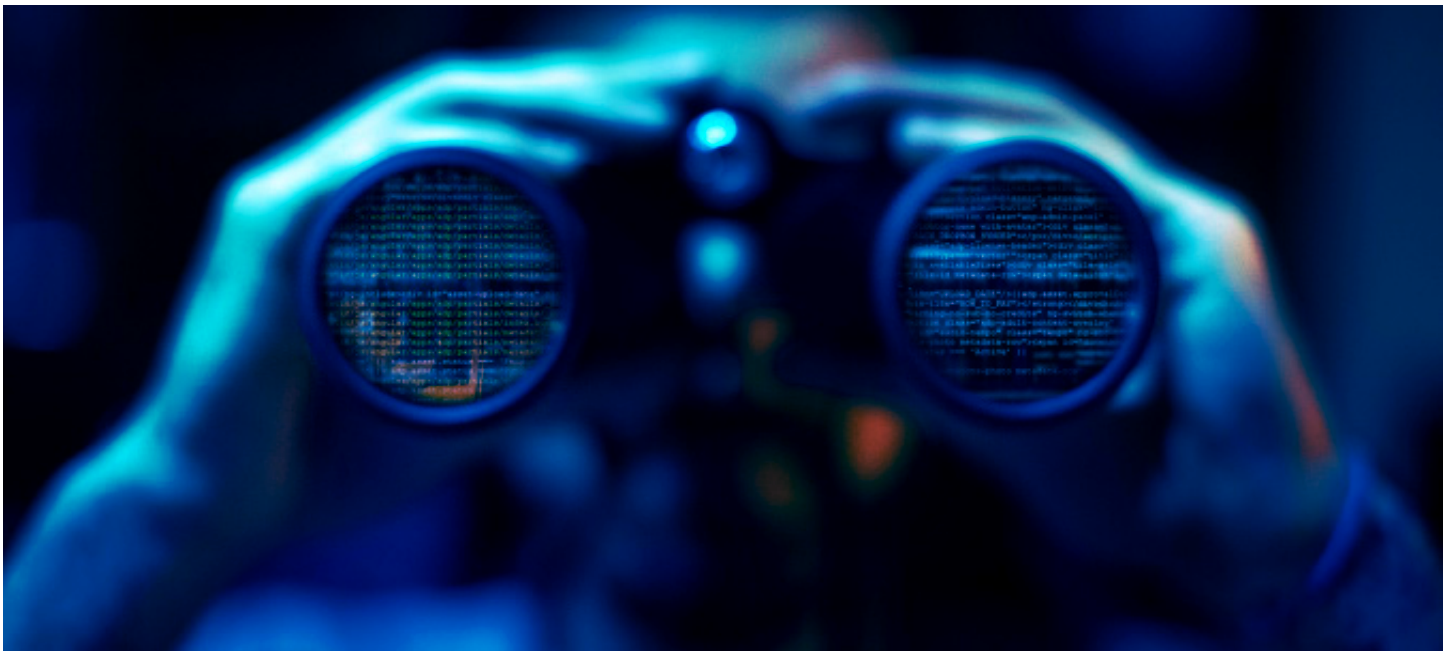
AccidentFund — AccidentFund.com/Causation

UnitedHeartland — UnitedHeartland.com/Causation

CompWest — CompWestInsurance.com/Causation

ThirdCoast Underwriters — 3CU.com/Causation

AF Group



How We Fight Fraud

We aggressively investigate workers' compensation fraud, working closely with employers, agents, the National Insurance Crime Bureau, outside investigative agencies and our Investigative Services Unit. While fraud occurs in a relatively small percentage of workers' compensation claims, the expense can have a devastating impact on an employer's experience mod and, ultimately, their insurance premium.

What is fraud?

Fraud is the deliberate deception of a material fact(s) to secure unlawful gain.

Workers' compensation fraud can be defined as:

- Reporting an off-the-job injury as an on-the-job accident.
- Reporting an accident that never happened.
- Complaining of injuries that are exaggerated or non-existent to obtain increased or continued benefits.
- Malingering, so as to avoid work when an injury is healed.
- Failing to report income from other work-related activities while drawing workers' compensation benefits.
- Making false or fraudulent statements for the purpose of obtaining workers' compensation benefits.
- Billing by physicians for services not rendered.
- False reporting of payroll figures by an employer to reduce premiums.

We work closely with our customers to investigate potential fraudulent situations and determine if there is cause for concern. If a legitimate situation does arise, we will be committed and vigilant in pursuing it to its resolution.

If you suspect fraudulent activity or have information regarding a fraudulent workers' compensation claim, call our toll-free hotline at **1-800-944-FRAUD** (3728). Calls are confidential and can be made anonymously.

To order fraud prevention posters for your workplace or for more information, visit one of our online Resource Libraries.

AccidentFund
AccidentFund.com/Resource-Library

UnitedHeartland
UnitedHeartland.com/Resource-Library

CompWest
CompWestInsurance.com/Resource-Library

ThirdCoast Underwriters
3CU.com/Resource-Library

Discover the Value of CompWest's Keep at Work® Program

CompWest provides many value-added services that ultimately help reduce costs for policyholders — one of which is the Keep at Work ® (KAW) Program. This proprietary program shortens the duration of disability and assists in keeping injured workers functioning effectively in the workplace.

CompWest's KAW team provides prompt and focused personal interaction with the employer, physician and injured worker that results in a reduction of claims and overall workers' compensation costs. In fact, planning for an injured worker's return to work starts at the time they are hired, before an injury even occurs.

The Purpose of the Keep at Work® Program

As an employer, you can play a significant role in the recovery of an injured worker. A Keep at Work program is a proven way of decreasing an injured worker's recovery time by allowing them to quickly and safely return to work with temporary work restrictions at the earliest medically allowable date and in accordance with their medical treatment plan.

The success of a Keep at Work® program is contingent on the employer's commitment to the process. Through interaction and communication with the injured worker, medical provider and your management team, the goal is to assist in getting the injured worker prompt and proper medical care so they can return to their current job or another form of a temporary work.

CompWestInsurance.com
1-888-266-7937

CompWest

AF Group

Year	Weeks from RTW to MMI Saved	Temp Disability Savings
2019	35,246	$15.2M
2020	41,150	$18.4M
2021	43,968	$20.7M
2022	51,085	$26.0M
2023	47,777	$25.5M
Total	**219,226**	**$105.8M**

For more information on CompWest's Keep at Work® program, visit CompWestInsurance.com.

Benefits for Employers

- Reduces claim and overall workers' compensation costs
- Utilizes the recovery period to maintain productivity
- Helps retain skilled and valuable workers
- Reduces operating costs by avoiding the hiring and training of new employees
- Keeps your employees connected and working
- Promotes employee morale in the workplace
- Helps reduce workers' compensation fraud

Benefits for Employees/Injured Workers

- Injured workers continue to earn their regular paycheck and maintain benefits
- Provides jobsite rehabilitation, which can accelerate injured workers' recovery while minimizing disruption to their normal routine
- Leave time and benefit balances are preserved
- Productive use of workers' abilities helps maintain self-esteem and their value to the organization is recognized
- Workplace social contacts are maintained
- Controlled environment minimizes risk of re-injury

Components of a Keep at Work® Program

CompWest will help you manage the major components of a successful Keep at Work® program, which includes establishing a "job bank." The job bank should include job descriptions of usual and customary job duties for all employees so employers are prepared in the event of a workplace injury. Job descriptions should then be provided to the medical clinics so they are readily available for physician review when an injury occurs.

The components of an effective Keep at Work® program are as follows:

Identify temporary work assignments:

- Transitional work
- Alternative work
- Modified work
- Reduced hours
- Job sharing

"The CompWest KAW program is considered best practice and the Ward Group has seen few competitors approach this process with the same degree of professionalism and client impact."

Ward Group A McLagan/Aon Hewitt Company
Cincinnati, Ohio
July 2014 Report

Prior to an injury:

- Complete a "job bank" with job descriptions that document all jobs that are being performed by your employees.
- Look for ways that the duties for each job can be modified to accommodate an injured worker.
- Create job descriptions for the transitional duties identified.
- Provide your medical clinics with a copy of the entire job bank.

When an injury occurs:

- Report the injury and refer the injured worker for medical treatment.
- Meet with the injured worker to review and complete an Employee's Responsibility Form.
- Submit the Employee's Usual and Customary Job Description* to the treating physician for review to determine if the worker is able to perform the job duties.

Returning the injured worker to transitional/ temporary work:

- After the treating physician releases the injured worker, temporary work restrictions will be provided.
- Complete a modified/alternative job description and send to the treating physician for review and approval.
- When appropriate, the employer and injured worker discuss temporary modified/alternate jobs and/or reduced work hours.
- After the details of the Keep at Work® plan have been agreed upon, the employer will obtain all of the necessary signatures on this form and provide a copy to the claims representative.

CompWest Insurance Company is a dynamic provider of workers' compensation insurance in California and select Western states, targeting customers in construction, health care, hospitality, manufacturing, professional services, retail and wholesale services and social services.

Types of Temporary Work Assignments:

If an employee is not physically capable of returning to full duty, temporary or modified work provides them the opportunity to remain a productive part of the workforce. This helps to increase their morale and decreases recovery time. There are various types of temporary work that should be considered:

Transitional work consists of assignments that meet specific medical restrictions set by a doctor, while allowing the injured worker to perform some of their current job duties or a different job that the employer has identified. Transitional work should be evaluated frequently while remaining in close communication with the injured worker and treating physician. The goal is to progressively match the injured worker's capabilities as function is restored after an injury.

Modified work involves any changes to the original job that allows the injured worker to perform in that position. Examples include changing the work station or tools, removing tasks that the injured worker cannot perform and reducing the time spent on a particular task.

Alternative work involves offering the injured worker a position other than the current job to meet temporary work restrictions.

Reduced hours offer less than full-time work to meet temporary restrictions. Wage loss will be calculated and provided to the injured worker.

Job sharing is a flexible work option where two or more employees share a single job.

Proven Results

The Keep at Work® program has been extremely successful since its inception in 2011. In the last five years, policyholders have saved more than 219,226 weeks of Temporary Total Disability benefits (with a cost avoidance of $105.8 million).

TRANSITION2WORK®

by ReEmployAbility®

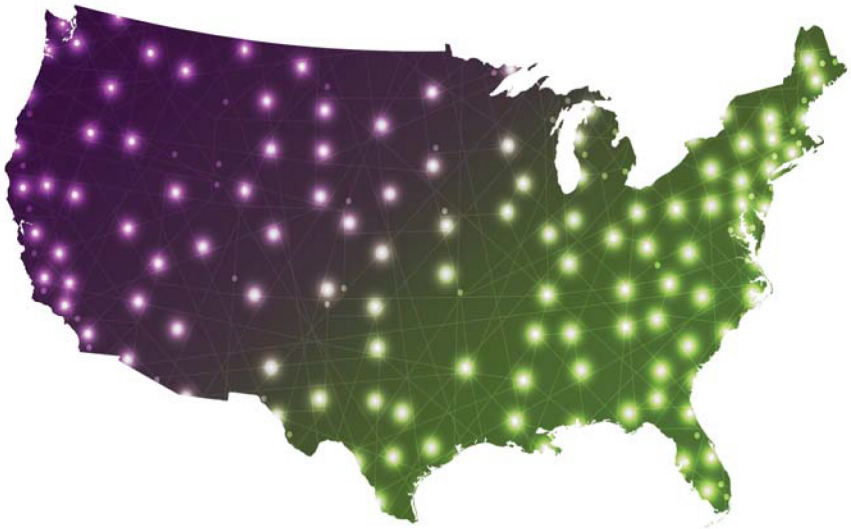
Return-to-Work that Connects People to a Greater Purpose

Employers can significantly reduce workers' compensation and non-occupational disability claims costs by returning injured employees to the workforce as soon as they are released to modified or light duty. ReEmployAbility is a return-to-work partner that provides the Transition2Work® program. Transition2Work secures transitional employment with a not-for-profit agency for employees when the pre-injury employer is unable to accommodate a temporary light duty work release. This program enables the employee to earn income while becoming reacquainted with the work experience following a period of disability. Transition2Work can be considered an extension of an employer's existing return to work program, retaining the employee's status with their company by providing a continuation of wages.

Experienced, Trusted, Preferred

Employers can use the Transition2Work program as needed to supplement their internal return-to-work program. ReEmployAbility secures the not-for-profit opportunity, sends the offer packet, confirms the employee's attendance, and reports on the employee's progress as they participate in the assignment. ReEmployAbility also offers remote/work-from-home and onsite assignments. Transition2Work is designed to comply with jurisdictional return-to-work legislation.

With more than **40,000 not-for-profit partners nationwide**, ReEmployAbility can quickly locate an appropriate assignment for your employee. On average, a placement is secured in just **2 days**.



Proven Results

99%
placement success rate

2 days
average time to placement

More than $4,100
average indemnity savings per claim

Transition2Work Program Benefits

- Provides a simple, **mutually beneficial solution** that bridges the gap between injured employees' capabilities and employers' ability to accommodate modified duty on-site
- Reduces the workers' compensation indemnity **costs** and disability claim costs that can significantly impact employers' **experience modification** and future premiums
- Potentially reduces medical costs, encourages **faster recuperation**, and **faster return to work** for the employee
- Helps employees avoid "disability syndrome," improves workplace morale, and **retains a valuable employee** who is experienced and trained for the work
- Promotes social responsibility, provides **community outreach**, and demonstrates **goodwill** by providing volunteer time to a local not-for-profit organization
- Improves the employee's sense of **value**, self-esteem, and provides social reintegration and an established **work routine** while healing
- Provides **meaningful work** and exposes the employee to new experiences that create **transferrable skills**
- **Available nationwide, complies** with state and federal employment regulations, and helps employers provide consistency in return to work programs for occupational and non- occupational disabilities

Trust the Return to Work Experts

With over a decade of creating innovative solutions for the workers' compensation industry, ReEmployAbility is the nation's largest provider of specialty early return-to-work services and transitional employment programs. The Transition2Work program offers employers a turnkey, cost-effective solution to modified light duty assignments, that reduces claim costs while giving the injured worker time to heal.

ReEmployAbility helps you control the rising costs of workers' compensation and disability claims, while connecting people to a greater purpose so they can have a better life. Ask your Claims Professional about how Transition2Work can help your injured worker get back to work faster.

ReEmployAbility®

Toll Free (866) 663-9880 | info@reemployability.com | www.ReEmployAbility.com

Rev 012022

Taking Care of You with Real-Time Text Messaging

No one expects to get hurt on the job – and when it happens, it can feel overwhelming. Our team is just a text message away throughout your road to recovery.

1. You get injured on the job – now what?
2. Let your employer know of your injury right away.
3. Your employer will file a workers' compensation claim.
4. Then, a dedicated claims representative or nurse case manager will contact you with information on next steps and to verify your preference on communicating via text messaging.

If yes, you'll receive a welcome opt-in text.

If no, you can still reach your claims rep/nurse case manager via email or phone call.

Real-time Translation

With real-time translations, you can text with your Claims team in your preferred language.

See list of languages below.*

Quick Responses

Texting allows our Claims team to get answers to your questions quickly.

Information Sharing

Mobile communications make sharing photos and exchanging documentation simple.

Appointment Reminders

Text alerts help remind you of important upcoming appointments.

Expedited Claim Process

Shared information integrates into our system, accelerating payments and approvals.

Discreet Communications

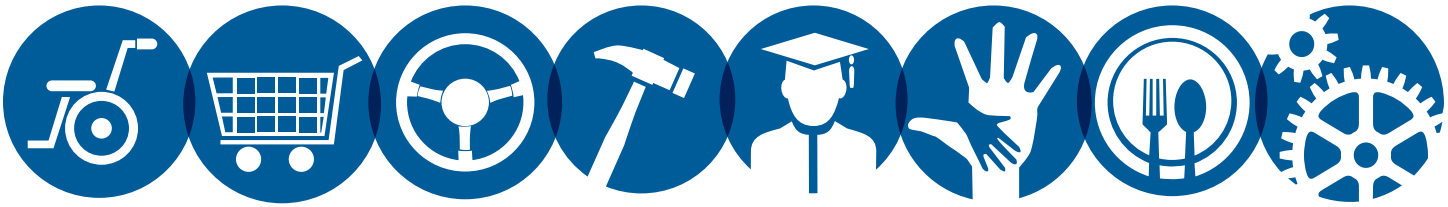
When a quiet space isn't available for a phone call, texting allows you to keep your conversations private.

*Real-time translation in Arabic, Chinese Mandarin, English, French, German, Korean, Polish, Portuguese, Russian, Spanish, Urdu.

Each individual claim will have a dedicated text thread. Litigated claims require a written waiver from legal representatives. Standard messaging rates apply and texting only available within the United States.

AFGroup.com | AF Group

CompWest Loss Control Services



CompWest is proud to help keep employees injury-free and optimize employers' workers' compensation results. Our service model puts the insured in control of their loss control strategy through a variety of offerings, outlined below:

General Services:

- Individual service plans customized to unique client needs and loss trends
- Detailed loss trend analysis and recommendations to prevent future injuries
- Assistance with written programs and program consultation specific to Cal/OSHA requirements
- Hazard assessments to identify potential hazards, prevent workplace injuries and ensure Cal/OSHA compliance
- Accident investigations and root cause determination
- Job analysis and assistance with CompWest's Keep at Work program
- Safety committee direction
- Noise sampling and surveys
- Initial industrial hygiene evaluation
- Office ergonomic and industrial ergonomic consultation

Training and Resources:

- Industry specific supervisor and employee training
- Train the trainer opportunities – 10-hour general industry safety orders
- Access to more than 140 online safety training topics available in English and Spanish - with available in-person registration and tutorials
- Updated safety bulletins, training materials and workplace postings
- Access to sample programs to address Cal/OSHA requirements, including injury and illness prevention programs (IIPP), musculoskeletal injury prevention programs (MIPP) and additional topics:
  - Hazard communication
  - Lockout-tagout
  - Bloodborne pathogens
  - Confined space
  - Heat prevention
  - Emergency action plan
  - Workplace violence
  - Ergonomic action
  - Fall protection
  - Forklift safety

CompWest loss control consultation services are available at no additional charge to our policyholders. Workers' compensation insurance policyholders may register comments about the insurer's loss control consultation services by writing to: State of California, Department of Industrial Relations, Division of Occupational Safety and Health, P.O. Box 420603, San Francisco, CA 94142.

Reference: https://www.dir.ca.gov/title8/339_4.html

CompWestInsurance.com
1-888-266-7937

CompWest

AF Group AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

Serious Injury Reporting

Employers who fail to report a serious injury or illness or a fatal injury to Cal/OSHA within eight hours may be subject to a minimum civil penalty of $5,000. The eight-hour timeframe begins when an employer is first made aware of the serious injury or illness.

Employer reporting responsibilities for work-related injuries and illnesses:

Incidents that require reporting to Cal/OSHA within eight hours include:

- Fatal injury to an employee
- Serious injury or illness to employee

A serious injury or illness is defined as:

"Serious injury or illness" means any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye or any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by an accident on a public street or highway, unless the accident occurred in a construction zone.

The AF Group Difference
All customers are assigned a dedicated loss control consultant to identify and address loss trends while serving as a safety resource.

Employers must report the following information by phone or email:

- Time and date of accident/event
- Employer's name, address and telephone number
- Name and job title of the person reporting the accident
- Address of accident/event site
- Name of person to contact at accident/event site
- Name and address of injured employee(s)
- Nature of injuries
- Location where injured employee(s) taken for medical treatment
- List and identity of other law enforcement agencies present at the accident/event site
- Description of accident/event and whether the accident scene or instrumentality has been altered

You may email your report with the above information to caloshaaccidentreport@tel-us.com or call this information in to the Cal/OSHA district office nearest you — which can be found at http://www.dir.ca.gov/dosh/DistrictOffices.htm.

Note: This report is in addition to filing a workers' compensation claim.

AF Group AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

Employer Medical Service Order

Doctor / Clinic Name:_____

Doctor / Clinic Address:_____

We are sending _____ to you for an
(Employee Name)

evaluation relative to a work-related injury sustained on: _____
(Date of Injury)

Please submit your Doctor's First Report of Injury and any subsequent medical reports and bills to:

CompWest Insurance Company
PO Box 40790
Lansing, MI 48901
Or fax to: 866-506-5800 or 517-316-2747
Telephone: 714-641-9500 or 888-266-7937

Employer Name: _____

Policy Number:_____

Signature: _____

Print Name and Title: _____

Phone Number: _____

Please be advised we make every effort to accommodate modified/light duty.

Please be specific as to the weight, frequency and duration of those activities.

First-Aid Treatment for Workers' Comp Injuries

Important Notice: Below you will find a copy of the Department of Insurance announcement regarding first-aid treatment for workers' compensation injuries.

> The definition of “first-aid” per Labor code section 5401 (a) is “any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters or other minor industrial injury, which do not ordinarily require medical care. This 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.”

To: Employer/Physicians

The definition of "first-aid" per Labor code section 5401 (a) is "any one-time treatment and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters or other minor industrial injury, which do not ordinarily require medical care. This 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."

The law requires that all physicians complete and submit the Doctor's First Report of Injury (Form 5021) to the workers' compensation carrier within five (5) working days. The law applies to all workers' compensations injuries including "first-aid," whether or not an Employee Claim Form (DWC-1) has been filed.

The California Insurance Commissioner recently approved amendments to the *California Workers' Compensation Uniform Statistical Reporting Plan – 1995* (USRP) effective Jan. 1, 2017. The purpose of the amendments is to clarify the reporting requirements for "first aid" claims.

The Commissioner's decision clarifies and reaffirms the long-standing positions of the California Department of Insurance (CDI) and the Workers' Compensation Insurance Rating Bureau (WCIRB), that insurers must report the cost of all claims for which medical care is provided and medical costs are incurred, regardless of who incurred the costs. The decision also clarifies that "first aid claims," even if paid by the employer, are to be reported in the same manner as medical-only claims.

CompWest is already reporting all claims to the WCIRB. CompWest will contact employers to obtain the medical costs of first aid claims that were paid by the employer. These costs will be recorded as medical claim expenses and reported to the WCIRB, even if CompWest did not make the payment.

Effective Jan. 1, 2017, LC Section 6409 was amended and regulates that every physician attending an injured worker shall file a complete report of occupational injury/illness electronically with the Division of Workers' Compensation (DWC) within five days of the initial exam. To assist in this process, the employer should promptly respond to every physician's request to identify their claim administrator.

Implementing the MPN program

Workers' Comp Reform created the Medical Provider Network (MPN). This program extends the Employer Medical Control from 30 days to the "life of the claim". The program is designed to get optimal treatment to the injured employee while reducing the prior abuses such as "doctor shopping".

To Protect Your Company, You Will Need To:

✓ Replace your prior carrier's Workers' Compensation Posters with the DWC 7 Notice of Employees – Injuries Caused by Work poster in English & Spanish:

- Fill in the MPN Effective Date - The date both the posting notices are displayed.
- Fill in MPN website: compwestinsurance.com/selectmpn
- Fill in MPN Identification number: 0079
- Fill in MPN access assistant number: 1-855-279-2163
- Fill in MPN Contact person number: 1-888-266-7937 Attn: Michelle Mears
- Fill in the address of the local Information and Assistance Office from the enclosed list
- Claims Administrator: AF Group
- Phone: 888-CompWest

✓ If you use an "All-in-One" poster, be sure and add the above information and the CompWest contact information on your Poster. We strongly recommend you also post the DWC 7 posters.

✓ Post the orange and blue MPN Employee Poster in English and Spanish (adjacent to the DWC 7 posters)

✓ Dispose of all prior Workers' Compensation Claim Forms (DWC-1) – prior to 1/1/16 Rev

✓ Add to Your new hire packet. This must be provided to all new employees at the time of hire or no later than the employee's first paycheck.

Time of Hire pamphlet in English & Spanish

✓ Revise Your Procedures When Responding to an Injury - Give the Employee:

- Workers' Compensation Claim Form (DWC-1) – 1/1/16 Rev
- A Copy of the MPN Employee Handout in English & Spanish – this provides important information about your employee's medical care in the event of a work-related injury.

STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation

Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
   - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
   - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
   - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. You may consult a licensed attorney to advise you of your rights under workers' compensation laws. In most instances, attorney's fees will be paid from your recovery.
5. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN website: https://www.compwestinsurance.com/services/claims/provider-networks/

MPN Effective Date: _____ MPN Identification number: 0079

If you need help locating an MPN physician, call your MPN access assistant at: 1-855-279-2163

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: 1-888-266-7937

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator CompWest Insurance Company Phone _____

Workers' compensation insurer CompWest Insurance Company (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: _____ or by calling toll-free **(800) 736-7401**. Learn more information about workers' compensation online: www.dwc.ca.gov and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.

ESTADO DE CALIFORNIA - DEPARTAMENTO DE RELACIONES INDUSTRIALES
División de Compensación de Trabajadores

Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay límites para visitas quiroprácticas, de terapia física y de terapia ocupacional.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de su función física o mental que un médico puede medir.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible si su lesión surge en o después del 1/1/04, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo.
- **Beneficios por Muerte:** Pagados a sus dependientes si usted muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione. Usted debe de ponerse de acuerdo con su médico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador o administrador de reclamos debe autorizar todo tratamiento médico, hasta diez mil dólares, de acuerdo con las pautas de tratamiento aplicables a su presunta lesión, hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad.
   - Si usted designó previamente a su médico personal o grupo médico, usted puede consultar a su médico personal o grupo médico después de lesionarse.
   - Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoría de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grupo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
   - Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos el administrador de reclamos puede escoger el médico que lo atiende primero, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grupo médico.
4. Puede consultar a un abogado con licencia para que le asesore sobre sus derechos bajo las leyes de compensación para trabajadores. En la mayoría de los casos, los honorarios del abogado se pagarán a partir de su recuperación.
5. Red de Proveedores Médicos (MPN): Es posible que su empleador use una MPN, lo cual es un grupo de proveedores de asistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN :

Página web de la MPN: https://www.compwestinsurance.com/services/claims/provider-networks/

Fecha de vigencia de la MPN: _____ Número de identificación de la MPN: 0079

Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: 1-855-279-2163

Si usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de la MPN al: 1-888-266-7937

Discriminación. Es ilegal que su empleador le castigue o despida por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos CompWest Insurance Company Teléfono _____

Asegurador del Seguro de Compensación de trabajador CompWest Insurance Company (Anote "autoasegurado" si es apropiado)

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en: _____
o llamando al número gratuito **(800) 736-7401**. Usted puede obtener más información sobre la compensación del trabajador en el Internet en: **www.dwc.ca.gov** y acceder a una guía útil "Compensación del Trabajador de California Una Guía para Trabajadores Lesionados."

Los reclamos falsos y rechazos falsos del reclamo. Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier **actividad fuera del trabajo, recreativa, social, o atlética** que no sea parte de sus deberes laborales.

State of California

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

Please complete in triplicate (type if possible) Mail two copies to:

CompWest Insurance, Company
PO Box 40790 Lansing, MI 48901-7990

Call in number: (888)266-7937, Fax: (866) 814-5595
Email: claimsexpress@compwestinsurance.com

OSHA CASE NO.

FATALITY ☐

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

California law requires employers to report within **five days** of knowledge every occupational injury or illness which results in lost time beyond the date of the incident **OR** requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within **five days** of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be **reported immediately** by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

EMPLOYER

1. FIRM NAME
1a. Policy Number
2. MAILING ADDRESS: (Number, Street, City, Zip)
2a. Phone Number
3. LOCATION if different from Mailing Address (Number, Street, City and Zip)
3a. Location Code
4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.
5. State unemployment insurance acct.no
6. TYPE OF EMPLOYER: ☑ Private ☐ State ☐ County ☐ City ☐ School District ☐ Other Gov't, Specify: _____

INJURY OR ILLNESS

7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)
8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM
9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM
10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? ☐ Yes ☐ No
12. DATE LAST WORKED (mm/dd/yy)
13. DATE RETURNED TO WORK (mm/dd/yy)
14. IF STILL OFF WORK, CHECK THIS BOX: ☐
15. PAID FULL DAYS WAGES FOR DATE OF NJURY OR LAST DAY WORKED? ☐ Yes ☐ No
16. SALARY BEING CONTINUED? ☐ Yes ☐ No
17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)
18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)
20a. COUNTY
21. ON EMPLOYER'S PREMISES? ☐ Yes ☐ No
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.
23. Other Workers injured or ill in this event? ☐ Yes ☐ No
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.
26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURYIILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY
27. Name and address of physician (number, street, city, zip)
27a. Phone Number
28. Hospitalized as an inpatient overnight? ☐ No ☐ Yes If yes then, name and address of hospital (number, street, city, zip)
28a. Phone Number
29. Employee treated in emergency room? ☐ Yes ☐ No

ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2.

Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*.

EMPLOYEE

30. EMPLOYEE NAME
31. SOCIAL SECURITY NUMBER
32. DATE OF BIRTH (mm/dd/yy)
33. HOME ADDRESS (Number, Street, City,Zip)
33a. PHONE NUMBER
34. SEX ☐ Male ☐ Female
35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)
36. DATE OF HIRE (mm/dd/yy)
37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours
37a. EMPLOYMENT STATUS ☑ regular, full-time ☐ part-time ☐ temporary ☐ seasonal
37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED
38. GROSS WAGES/SALARY $ _____ per _____
39. OTHER PAYMENTS NOT REPORTED AS WAGESISALARY (e.g. tips, meals, overtime, bonuses, etc.)? ☐ Yes ☐ No

Please do not use this column

CASE NUMBER

OWNERSHIP

INDUSTRY

OCCUPATION

SEX

AGE

DAILY HOURS

DAYS PER WEEK

WEEKLY HOURS

WEEKLY WAGE

COUNTY

NATURE OF INJURY

PART OF BODY

SOURCE

EVENT

SECONDARY SOURCE

EXTENT OF INJURY

Completed By (type or print)

Signature & Title

Date (mm/dd/yy)

• Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.

AF Group AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

DWC Office

Information and Assistance Offices

Claims Administrator: **CompWest Insurance Company**

Address: **PO Box 40790**
Lansing, MI 48901-7990

Phone: **888 266-7937**

*Policy Expiration Date: _____

Anaheim
1065 N. Link
Suite 170
Anaheim, CA 92806-2131
(714) 414-1801

Bakersfield
1800 30th St.
Suite 100
Bakersfield, CA 93301-1929
(661) 395-2514

Eureka
*Virtual Office
Call for assistance
Address mail to Santa Rosa
(707) 441-5723

Fresno
2550 Mariposa Mall
Suite 5005
Fresno, CA 93721-2219
(559) 445-5355

Lodi
3021 Reynolds Ranch Parkway
Suite 130
Lodi, CA 95240-6936
(209)-948-7759

Long Beach
1500 Hughes Way
Suite C203
Long Beach, CA 90810
(424)450-2565

Los Angeles
320 W. 4th St.
9th floor
Los Angeles, CA 90013-1954
(213) 576-7389

Marina del Rey
4720 Lincoln Blvd.
2nd Floor
Marina del Rey, CA 90292-6902
(310) 482-3820

Oakland
1515 Clay St.
6th floor
Oakland, CA 94612-1519
(510) 622-2861

Oxnard
1901 N. Rice Ave.
Suite 200
Oxnard, CA 93030-7912
(805) 485-3528

Pomona
732 Corporate Center Drive
Pomona, CA 91768-2653
(909) 623-8568

Redding
250 Hemsted Drive
Second Floor, Suite B
Redding, CA 96002-9040
(530) 225-2047

Riverside
3737 Main St.
Suite 300
Riverside, CA 92501-3337
(951) 782-4347

Sacramento
160 Promenade Circle
Suite 300
Sacramento, CA 95834-2962
(916) 928-3158

Salinas
1880 North Main St.
Suites 100
Salinas, CA 93906-2037
(831) 443-3058

San Bernardino
464 W. Fourth St.
Suite 239
San Bernardino, CA 92401-1411
(909) 383-4522

San Diego
7575 Metropolitan Drive Suite 202
San Diego, CA 92108-4424
(619) 767-2082

San Francisco
455 Golden Gate Ave.
2nd floor
San Francisco, CA 94102-7014
(415) 703-5020

San Jose
224 Airport Parkway
Suite 600
San Jose, CA 95110-3718
(408) 277-1292

San Luis Obispo
4740 Allene Way
Suite 100
San Luis Obispo, CA 93401-8736
(805) 596-4159

Santa Ana
2 MacArthur Place
Suite 600
Santa Ana, CA 92707-7704
(714) 942-7576

Santa Barbara
130 East Ortega St.
Santa Barbara, CA 93101-7538
(805) 568-1295

Santa Rosa
50 “D” St.
Suite 420
Santa Rosa, CA 95404-477
(707) 576-2452

Van Nuys
6150 Van Nuys Blvd.
Room 105
Van Nuys, CA 91401-3370
(818) 901-5367

Employer – Fill in the policy expiration date above (current policy year, you do not need to redistribute upon policy expiration) and circle the WCAB/Information & Assistance office near your location. *This form accompanies the ‘Facts About Workers’ Compensation’ (blue pamphlet). Make copies of this form to distribute to all new hires.*

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility
Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to $10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, l administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende *(Primary Treating Physician- PTP)* es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN)* o una Organización de Cuidado Médico *(Health Care Organization- HCO)*, en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta $10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o *PTP*:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su *PTP* sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una *MPN*, *HCO* o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su *PTP*, puede solicitar una revisión médica independiente *(Independent Medical Review-IMR)*, utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la *IMR* es parecido al proceso de la *IMR* de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la *IMR*. La *IMR* no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su *PTP* en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesg perder el derecho a objetar a la opinión de su *PTP* a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado *(Qualified Medical Evaluator-QME)* para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado *(Agreed Medical Evaluator- AME)*. Si el administrador de reclamos no está de acuerdo con su *PTP* sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un *QME* o *AME*.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at **www.californiaspecialist.org**.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo *(Supplemental Job Displacement Benefit- SJDB)*: Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo un curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisios, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despida por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatalde Incapacidad *(State Disability Insurance- SDI)* o beneficios del desempleo *(Unemployment Insurance- UI)*. Llame al Departamento ~~Estatal~~ del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia *(Information & Assistance- I&A)*: Los Oficiales de Información y Asistencia *(I&A)* estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California *(State Bar)* al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.

PRINT CLEAR

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the **"Employee"** section and give the form to your employer. Keep a copy and mark it "**Employee's Temporary Receipt"** until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at **(800) 736-7401.** An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

Empleado: *Complete la sección* ***"Empleado"*** *y entregue la forma a su empleador. Quédese con la copia designada* ***"Recibo Temporal del Empleado"*** *hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al* ***(800) 736-7401*** *para oir información gravada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.*

Ud. también debería haber recibido de su empleador un folleto describiendo los benficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

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

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above ***Empleado—complete esta sección y note la notación arriba.***

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____a.m. _____p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde occurió el accidente.* _____
_____
6. Describe injury and part of body affected. *Describa la lesión y parte del cuerpo afectada.* _____
_____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. ❑ Check if you agree to receive notices about your claim by email only. ❑ *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.* Employee's e-mail. _____ *Correo electrónico del empleado.* _____.
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.*
9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. ***Empleador—complete esta sección y note la notación abajo.***

10. Name of employer. *Nombre del empleador.* _____
11. Address. *Dirección.* _____
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.*_____
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia adminstradora de seguros.* _____
_____
16. Insurance Policy Number. *El número de la póliza de Seguro.*_____
17. Signature of employer representative. *Firma del representante del empleador.* _____
18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: *Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de* ***un día hábil*** *desde el momento de haber sido recibida la forma del empleado.*

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

❑ Employer copy/*Copia del Empleador* ❑ Employee copy/*Copia del Empleado* ❑ Claims Administrator/*Administrador de Reclamos* ❑ Temporary Receipt/*Recibo del Empleado*

Time of Hire Notice

This notice, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this notice applies to all industrial injuries that occur on or after January 1, 2013.

WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin or getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your hand, back, or other part of your body from doing the same repeated motion or losing your hearing because of constant loud noise

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary Disability (TD) benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two- thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.

- **Permanent Disability (PD) benefits**: Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:

    - Your doctor's medical reports
    - Your age
    - Your occupation

- **Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to $6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job.
  You are eligible for this voucher if:

    - You have a permanent disability.
    - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.

- **Return-to-Work Supplemental Program (RTWSP):** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: **https://www.dir.ca.gov/RTWSP/RTWSP.html**

- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least $224 per week. In addition, workers' compensation provides a burial allowance.

OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site **www.edd.ca.gov**.

Workers' compensation fraud is a crime
Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to $150,000 and/or serve up to five years in jail.

WHAT SHOULD I DO IF I HAVE AN INJURY?

Report your injury to your employer

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:

AF Group

Address: PO Box 40790 Lansing, MI 48901

Phone: 1-888-COMPWEST

You may be able to find the name of your employer's workers' compensation insurer at **www.caworkcompcoverage.com.** If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at **www.dir.ca.gov/DLSE** as all employees must be covered by law.

Get emergency treatment if needed

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for treatment.

Emergency telephone number: Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

_____

Fill out DWC 1 claim form and give it to your employer

Your employer must give you a DWC 1 claim form within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within **one working day** of receiving the **DWC 1 claim form.** If the injury is from repeated exposures, you have **one year** from when you realized your injury was job related to file a claim.

In either case, you may receive up to **$10,000** in employer-paid medical care until your claim is either accepted or denied. The claims administrator has **up to 90 days** to decide whether to accept or deny your claim. Otherwise, your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

MORE ABOUT MEDICAL CARE

What is a Primary Treating Physician (PTP)?

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have a MPN.

What is a Medical Provider Network (MPN)?

A MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using a MPN. If you have not named a doctor before you get hurt and your employer is using a MPN, you will see a MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

What is Predesignation?

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the "predesignation of personal physician" form included with this notice. After you fill in the form, be sure to give it to your employer. If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing before you get hurt. You may use the form included in this notice. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn't work, get help by trying the following:

Contact the Division of Workers' Compensation (DWC) Information and Assistance (I&A) Unit. All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.
To contact the nearest I&A Unit, go to **https:// www.dir.ca.gov/dwc/ianda.html**
or call **1-800-736-7401.**

The nearest I&A Unit is located at:

Address: _____

Phone number: _____

Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1-415-538-2120** or go visit their website at **www.californiaspecialist.org**. You may also get a list of attorneys from your local I&A Unit by calling **1-800-736-7401.**

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off- duty recreational, social or athletic activity that is not part of your work-related duties.

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at 1-800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000.

The information contained in this notice conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation Administrative Director.

Please visit the Division of Workers' Compensation website at: **www.dwc.ca.gov** or call 1-800-736-7401

Department of Industrial Relations
1515 Clay Street, 17th Floor
Oakland, CA 94612

PREDESIGNATION 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:

- on the date of your work injury you have health care coverage for injuries or 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 illnesses 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 a 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 PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section.

To: _____ (name of employer) If I have a work-related injury or illness, I choose to be treated by:_____
(name of doctor)(M.D., D.O., or medical group)
_____ (street address, city, state, ZIP)

_____ (telephone number)

Employee Name (please print):_____

Employee's Address:_____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

Employee's Signature _____Date: _____

Physician: I agree to this Predesignation:

Signature: _____Date: _____
(Physician or Designated Employee of the Physician or 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 predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

_____

(name of chiropractor or acupuncturist)

_____

(street address, city, state, zip code)

_____

(Telephone number)

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

Employee's Address:

_____

Employee's Signature _____ Date: _____

Title 8, California Code of Regulations, section 9783.1.
(Optional DWC Form 9783.1 Effective date July 1, 2014)

Aviso para el nuevo empleado

Este aviso, o uno similar que haya sido aprobado por el Director Administrativo, deben entregarse a todos los empleados recién contratados en el estado de California. Los empleadores y administradores de reclamos pueden utilizar el contenido de este documento y colocar en él sus logotipos e información adicional. El contenido de este folleto se aplica a todos los accidentes de trabajo ocurridos a partir del 1 de enero de 2013.

¿QUÉ ES LA COMPENSACIÓN DE TRABAJADORES?

Si se lesiona en el trabajo, su empleador está obligado por ley a pagarle beneficios de compensación de trabajadores. Podría resultar herido por:

Un suceso en el trabajo. Ejemplos: hacerse daño en la espalda en una caída, quemarse con un producto químico que le salpique la piel o lesionarse en un accidente de automóvil mientras hace repartos.

—o—

Exposiciones repetidas en el trabajo. Ejemplos: lastimarse la mano, la espalda u otra parte del cuerpo por hacer el mismo movimiento repetido o perder la audición por ruidos fuertes y constantes.

—o—

Delitos en el lugar de trabajo. Ejemplos: resulta herido en un atraco a una tienda, es agredido físicamente por un cliente descontento.

La discriminación es ilegal

Según la sección 132a del Código Laboral, es ilegal que su empleador lo castigue o despida porque usted:

- Presenta un reclamo de compensación de trabajadores
- Tiene intención de presentar un reclamo de compensación de trabajadores
- Concilia un reclamo de compensación de trabajadores
- Testifica o tiene intención de testificar por otro trabajador lesionado

Si se determina que su empleador lo ha discriminado, puede ordenársele que lo reincorpore a su puesto de trabajo; su empleador también puede verse obligado a pagar los salarios perdidos, el aumento de los beneficios de compensación por accidentes laborales y los costos y gastos establecidos por la legislación estatal.

¿CUÁLES SON LOS BENEFICIOS?

- **Atención médica:** pagada por su empleador para ayudarlo a recuperarse de una lesión o enfermedad causada por el trabajo. Las visitas al médico, los servicios hospitalarios, la fisioterapia, las pruebas de laboratorio y las radiografías son algunos de los servicios médicos que pueden prestarse; estos servicios deben ser necesarios para tratar su lesión. Existen límites para algunos servicios, como la fisioterapia, la terapia ocupacional y la quiropráctica.
- **Beneficios por discapacidad temporal (Temporary Disability, TD):** pagos si pierde salario porque su lesión le impide realizar su trabajo habitual mientras se recupera. El monto que puede recibir es de hasta dos tercios de su salario. Existen límites mínimos y máximos de pago establecidos por la legislación estatal; se le pagará cada dos semanas si es elegible. Para la mayoría de las lesiones, los pagos no pueden superar las 104 semanas en un plazo de cinco años a partir de la fecha de la lesión. La discapacidad temporal (TD) finaliza cuando vuelve al trabajo, o cuando el médico le da el alta para trabajar o dice que su lesión ha mejorado todo lo que va a mejorar.
- **Beneficios por discapacidad permanente (Permanent Disability, PD):** pagos si no se recupera del todo. se le pagará cada dos semanas si es elegible. Existen tasas de pago semanales mínimos y máximos establecidos por la legislación estatal; el monto del pago se basa en:
    - Los informes médicos de su doctor.
    - Su edad.
    - Su profesión.
- **Beneficio suplementario por el desplazamiento de trabajo (Supplemental Job Displacement Benefits, SJDB):** se trata de un vale de hasta $6,000 que puede utilizar para volver a capacitarse o mejorar sus conocimientos en una escuela aprobada, para libros, herramientas, licencias o tarifas de certificación, u otros recursos que lo ayuden a encontrar un nuevo empleo; Es elegible a este vale si:
    - Tiene una discapacidad permanente.
    - Su empleador no le ofrece un trabajo regular, modificado o alternativo, **dentro de los 60 días** posteriores a que el administrador de reclamos reciba un informe médico que indique que usted ha logrado una recuperación médica máxima.
- **Programa Suplementario de Regreso al Trabajo (Return-to-Work Supplemental Program, RTWSP):** para las fechas de lesión después del 1 de enero de 2013, usted puede calificar para dinero adicional del programa de la División de Compensación de Trabajadores conocido como el Programa Suplementario de Regreso al Trabajo (RTWSP) si usted recibió el vale de los Beneficios Suplementarios por el Desplazamiento de Trabajo (SJDB). Si tiene alguna pregunta o cree que reúne los requisitos, póngase en contacto con la Unidad de Información y Asistencia llamando al 1-800-736-7401 o visite el sitio web: https://www.dir.ca.gov/RTWSP/RTWSP.html

- **Beneficios por muerte:** pagos a su cónyuge, hijos u otras personas a su cargo si fallece a causa de una lesión o enfermedad laboral. El monto del pago depende del número de personas a cargo. El beneficio se paga cada dos semanas a una tasa de, como mínimo, **$224 semanales**; además, la compensación de trabajadores prevé un subsidio de sepelio.

OTROS BENEFICIOS

Puede presentar un reclamo ante el Departamento de Desarrollo del Empleo (Employment Development Department, EDD) para obtener beneficios estatales por discapacidad cuando los beneficios de compensación de trabajadores se retrasen, denieguen o hayan finalizado. Hay restricciones de tiempo, así que para más información póngase en contacto con la oficina local del EDD o visite su sitio web: **www.edd.ca.gov**.

El fraude en la compensación de trabajadores es delito

Toda persona que realice o haga realizar cualquier declaración deliberadamente falsa con el fin de obtener o denegar beneficios o pagos de compensación de trabajadores es culpable de un delito grave; si es declarada culpable, la persona tendrá que pagar multas de hasta $150,000 o cumplir hasta cinco años de cárcel.

¿QUÉ DEBO HACER SI TENGO UNA LESIÓN?

Informe la lesión a su empleador

Informe inmediatamente a su supervisor, por leve que sea la lesión; no se demore, hay plazos. Puede perder el derecho a los beneficios si su empleador no se entera de su lesión en un plazo de 30 días. Si su lesión o enfermedad se desarrolla con el tiempo, notifíquelo en cuanto sepa que ha sido causada por su trabajo. Si no puede informar al empleador o no tiene noticias del administrador de reclamos después de haber informado sobre su lesión, comuníquese usted mismo con el administrador de reclamos.

La persona responsable de tramitar la reclamos de la compañía de seguros de compensación por accidentes laborales, o si el empleador está autoasegurado, es:

AF Group

Dirección: PO Box 40790 Lansing, MI 48907

Teléfono: 1-888-COMPWEST

Puede encontrar el nombre de la compañía de seguros de compensación de trabajadores de su empleador en www.caworkcompcoverage.com. Si no existe cobertura o ésta ha expirado, póngase en contacto con la División de Cumplimiento de las Normas Laborales en www.dir.ca.gov/DLSE ya que todos los empleados deben tener cobertura por ley.

Reciba tratamiento de urgencia si es necesario

Si se trata de una urgencia médica, acuda de inmediato a urgencias. Informe al proveedor médico que lo atiende de que su lesión está relacionada con el trabajo. Su empleador puede indicarle dónde acudir para recibir tratamiento

Número de teléfono de urgencias: llame al 911 para pedir una ambulancia, a los bomberos o a la policía. Para recibir atención médica no urgente, póngase en contacto con su empleador, con el administrador de reclamos de compensación por accidentes laborales o acuda a este centro:_____

Rellene el formulario de reclamos DWC 1 y entrégueselo a su empleador

Su empleador debe entregarle un Formulario de reclamos DWC 1 en el plazo de un día hábil tras conocer su lesión o enfermedad. Rellene la parte correspondiente al empleado, fírmela y devuélvala a su empleador. A continuación, su empleador presentará el reclamo al administrador de reclamos. Su empleador debe autorizar el tratamiento en el plazo de un día hábil a partir de la recepción del **formulario de reclamos DWC 1**. Si la lesión se debe a exposiciones repetidas, dispone **de un año** desde el momento en que se dio cuenta de que su lesión estaba relacionada con el trabajo para presentar un reclamo.

En ambos casos, puede recibir hasta $10,000 en concepto de atención médica pagada por el empleador hasta que se acepte o deniegue su reclamo. El administrador de reclamos tiene hasta 90 días para decidir si acepta o rechaza su reclamo; de lo contrario, su caso se presume pagadero. Su empleador o el administrador de reclamos le enviarán "avisos de beneficios" que le informarán de la situación de su reclamo.

MÁS SOBRE LA ATENCIÓN MÉDICA

¿Qué es un médico tratante principal (Primary Treating Physician, PTP)?

Es el médico responsable del tratamiento de su lesión o enfermedad. Él o ella pueden ser:

- El médico que nombra por escrito antes de lesionarse en el trabajo.
- Un médico de la red de proveedores médicos (Medical Provider Network, MPN).
- El médico elegido por su empleador durante los 30 primeros días de la lesión si su empleador no dispone de una MPN.
- El médico que haya elegido después de los primeros 30 días si su empleador no dispone de una MPN.

¿Qué es una red de proveedores médicos (MPN)?
Una MPN es un grupo selecto de proveedores de atención médica que tratan a trabajadores lesionados. Consulte a su empresa si utiliza una MPN. Si no ha nombrado a un médico antes de lesionarse y su empleador utiliza una MPN, acudirá a un médico de la MPN; después de su primera visita, es libre de elegir otro médico de la lista de la MPN.

¿Qué es la designación previa?
La designación previa es cuando nombra a su médico habitual para que lo trate si se lesiona en el trabajo. El médico debe ser doctor en medicina (Medical Doctor, MD), doctor en medicina osteopática (Doctor of Osteopathic Medicine, DO) o un grupo médico con un MD o DO. Debe nombrar a su médico por escrito antes de lesionarse o enfermarse; puede designar previamente a un médico si tiene cobertura de atención médica para lesiones y enfermedades no laborales. El médico debe:

- Haberlo tratado.
- Haber mantenido su historial y expedientes médicos antes de la lesión.
- Haber acordado tratarlo por una lesión o enfermedad relacionada con el trabajo antes de que se lesionara o enfermara.

Puede utilizar el formulario de "designación previa de médico personal" incluido en este folleto. Después de rellenar el formulario, no olvide entregárselo a su empleador; si su empleador no tiene una MPN aprobada, puede nombrar a su quiropráctico o acupunturista para que le trate las lesiones relacionadas con el trabajo. El aviso del quiropráctico o acupunturista personal debe hacerse por escrito antes de que se lesione. Puede utilizar el formulario incluido en este folleto; Después de rellenar el formulario, no olvide entregárselo a su empleador;

Con algunas excepciones, la ley estatal no permite que un quiropráctico siga siendo su médico tratante después de **24 consultas**. Una vez que haya recibido 24 consultas quiroprácticas, si sigue necesitando tratamiento médico, tendrá que elegir un nuevo médico que no sea quiropráctico. Por "consulta quiropráctica" se entiende cualquier visita a un consultorio quiropráctico, independientemente de que los servicios prestados impliquen manipulación quiropráctica o se limiten a evaluación y gestión.

Las excepciones a las 24 consultas incluyen las consultas de medicina física posquirúrgicas prescritas por el cirujano, o el médico designado por el cirujano, en virtud del componente posquirúrgico del Programa de Utilización de Tratamientos Médicos de la División de Compensación por Accidentes Laborales, o si su empleador ha autorizado consultas adicionales por escrito.

¿Y SI HAY ALGÚN PROBLEMA?

Si tiene alguna preocupación, dígalo. Hable con su empleador o con el administrador de reclamos que tramita su reclamo e intente resolver el problema; si esto no funciona, pida ayuda probando lo siguiente:

Póngase en contacto con la Unidad de Información y Asistencia (Information and Assistance, I&A) de la División de Compensación de Trabajadores: Division of Workers' Compensation, DWC). Las 24 oficinas de la DWC repartidas por todo el estado ofrecen información y asistencia sobre derechos, beneficios y obligaciones en virtud de las leyes de compensación por accidentes laborales de California. Los funcionarios de la I&A ayudan a resolver conflictos sin procedimientos formales. Su meta es conseguirle beneficios completos y a tiempo; sus servicios son gratuitos. Para ponerse en contacto con la Unidad de I&A más cercana, visite www.dir.ca.gov/dwc/ianda.html o llame al 1-800-736-7401.

La Unidad de I&A más cercana se encuentra en:

Dirección:_____

Número de teléfono: _____

Consulte con un abogado

La mayoría de los abogados ofrecen una consulta gratuita. Si decide contratar a un abogado, sus honorarios pueden deducirse de algunos de sus beneficios. Para obtener los nombres de los abogados de compensación por accidentes laborales, llame al Colegio de Abogados del Estado de California al 1-415-538-2120 o visite su sitio web en www.californiaspecialist.org. También puede obtener una lista de abogados en la Unidad de I&A local llamando al 1-800-736-7401.

Advertencia

Es posible que su empleador no le pague la compensación de trabajadores si se lesiona en una actividad recreativa, social o deportiva voluntaria fuera del trabajo que no forme parte de sus obligaciones laborales.

Derechos adicionales

También puede tener otros derechos en virtud de la Ley federal de Americanos con Discapacidades (Americans with Disabilities Act, ADA) o la Ley de Justicia en el Empleo y la Vivienda (Fair Employment and Housing Act, FEHA) de California. Para obtener más información, póngase en contacto con el Departamento de Derechos Civiles (Civil Rights Department, CRD) de California, llamando al 1-800-884-1684, o con la Comisión para la Igualdad de Oportunidades en el Empleo (Equal Employment Opportunity Commission, EEOC), llamando al 1-800-669-4000.

La información contenida en este folleto se ajusta a los requisitos informativos que figuran en las secciones 3551 y 3553 del Código Laboral y en las secciones 9880 y 9883 del título 8 del Código de Reglamentos de California. Este documento ha sido aprobado por el director administrativo de la División de Compensación de Trabajadores.

Visite el sitio web de la División de Compensación de Trabajadores
www.dwc.ca.gov o llame al 1-800-736-7401
Departamento de Relaciones Industriales
1515 Clay Street, 17th Floor
Oakland, CA 94612

PRINT CLEAR

DESIGNACIÓN PREVIA DE MÉDICO PERSONAL

En caso de que usted sufra una lesión o enfermedad relacionada a su empleo, usted puede recibir tratamiento médico por esa lesión o enfermedad de su médico personal (M.D.), médico osteópata (D.O.) o grupo médico si:

- En la fecha de su lesión laboral usted tiene cobertura de atención médica para lesiones o enfermedades no laborales;
- el médico es su médico regular, que será o un médico que ha limitado su práctica médica a medicina general o un internista certificado o elegible para serlo, pediatra, gineco-obstetra, o médico de medicina familiar y que previamente ha estado a cargo de su tratamiento médico y tiene su expediente médico;
- su "médico personal" puede ser un grupo médico si es una corporación o sociedad o asociación compuesta de doctores certificados en medicina u osteopatía, que opera un grupo médico multidisciplinario integrado que predominantemente proporciona amplios servicios médicos para lesiones y enfermedades no laborales;
- antes de la lesión su médico está de acuerdo a proporcionarle tratamiento médico para su lesión o enfermedad de trabajo;
- antes de la lesión usted le proporcionó a su empleador por escrito lo siguiente: (1) notificación de que quiere que su médico personal lo trate para una lesión o enfermedad laboral y (2) el nombre y dirección comercial de su médico personal.

Puede usar este formulario para notificarle a su empleador si usted desea que su médico personal o médico osteópata lo trate para una lesión o enfermedad de trabajo y que los requisitos mencionados arriba se cumplan.

AVISO DE DESIGNACIÓN PREVIA DE MÉDICOPERSONAL

Empleado: Rellene esta sección.

A:_____(nombre del empleador) Si sufro una lesión o enfermedad laboral, yo elijo recibir tratamiento médico de:

_____
(nombre del médico)(M.D., D.O., o grupo médico)

_____(dirección, ciudad, estado, código postal)

_____(número de teléfono)

Nombre del Empleado (en letras de molde, por favor):

_____
Dirección del Empleado:

_____

Nombre de Compañía de Seguros, Plan o Fondo proporcionando cobertura médica para lesiones o enfermedades no laborales:

_____

Firma del Empleado_____Fecha:_____

Médico: Estoy de acuerdo con esta Designación Previa:

Firma:_____Fecha:_____
(Médico o Empleado designado por el Médico o Grupo Médico)

El médico no está obligado a firmar este formulario, sin embargo, si el médico o empleado designado por el médico o grupo médico no firma, será necesario presentar documentación sobre el consentimiento del médico a ser designado previamente de acuerdo al Código de Reglamentos de California, Título 8, sección 9780.1(a) (3).

Título 8, Código de Reglamentos de California, sección 9783.

PRINT CLEAR

§9783.1 Formulario 9783.1 de la DWC: Aviso de Quiropráctico Personal o Acupuntor Personal

NOTICIA DE QUIROPRÁCTICO PERSONAL O ACUPUNTOR PERSONAL

Si su empleador o la compañía de seguros de su empleador no tiene una Red de Proveedores Médicos establecida, es posible que pueda cambiar su médico que lo atiende a su quiropráctico o acupuntor personal después de una lesión o enfermedad laboral. Para tener derecho a hacer este cambio, usted debe antes de la lesión o enfermedad darle por escrito a su empleador el nombre y la dirección comercial de un quiropráctico o acupuntor personal. Generalmente, su administrador de reclamos tiene el derecho de elegir al médico que le proporcionará el tratamiento dentro de los primeros 30 días después de que su empleador sabe de su lesión o enfermedad. Después de que su administrador de reclamos haya iniciado su tratamiento con otro médico durante este tiempo, usted puede, bajo petición, transferir su tratamiento a su quiropráctico o acupuntor personal.

AVISO: Si la fecha de su lesión es durante o después del 1 de enero, 2004, un quiropráctico no puede ser su médico que lo atiende después de que haya recibido 24 consultas quiroprácticas a no ser que su empleador ha autorizado consultas adicionales por escrito. El término "consulta quiropráctica" significa cualquier consulta en un consultorio quiropráctica, sin importar si los servicios cumplidos conllevan manipulación quiropráctica o se limitan a evaluación y manejo. Una vez que haya recibido 24 consultas quiroprácticas, si aún necesita tratamiento médico, usted tendrá que escoger un nuevo médico que no sea quiropráctico. Esta prohibición no se aplicará a consultas por medicina física pos-quirúrgica prescrita por el cirujano o médico designado por el cirujano, bajo el componente pos-quirúrgico del Catálogo de Utilización de Tratamientos Médicos o MTUS de la División de Compensación de Trabajadores.

Puede usar este formulario para notificarle a su empleador sobre su quiropráctico o acupuntor personal.

Información sobre su Quiropráctico o Acupuntor:

_____

(Nombre del quiropráctico o acupuntor)

_____

(Dirección, ciudad, estado, código postal)

_____

(Número de teléfono)

_____

Nombre del Empleado (en letras de molde, por favor):

_____

Dirección del Empleado:

_____

Firma del Empleado_____ Fecha:_____

Título 8, Código de Reglamentos de California, sección 9783.1. (Formulario 9783.1 Opcional de la DWC Vigente a partir del 1 de julio, 2014)

Medical Provider Network

AF Group

AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

Important Information about Medical Care if you have a Work-Related Injury or Illness Initial Written Employee Notification re: Medical Provider Network (Title 8, California Code of Regulations, Section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by CompWest Insurance Company. Your employers' workers' compensation carrier is CompWest Insurance Company. This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

What is a MPN?

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine. MPNs must allow employees to have a choice of provider(s).

CompWest Select MPN

CompWest Insurance Company provides access to medical treatment through CompWest Select MPN. CompWest Select MPN accesses medical treatment through selected Anthem Blue Cross Prudent Buyer PPO ("Blue Cross of California") providers and the Kaiser-On-the-Job Provider Network.

MPN ID#: 0079

How do I find out which doctors are in my MPN?

The MPN contact listed in this notification will be able to answer your questions about the MPN and will help you obtain a regional list of all MPN doctors in your area. At minimum, the regional listing must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to a complete listing of all of the MPN providers upon request.

You can get the list of MPN providers by calling the MPN contact or by going to our website at: https://www.compwestinsurance.com/ph/file-a-claim/medical-provider-search/

Provider Directories:

On-line Directories – if you have internet access, you can access the roster of all treating physicians in the MPN by going to the website https://www.viiad.com/anthemcompass/KBCOMPWES000.

MPN Medical Access Assistants available (English and Spanish)
Mon - Sat, 7am - 8pm providing assistance with access to medical care under the MPN.
Phone: 855-279-2163
Fax: 855-273-6838
Email: compwestmaa@cvty.us.com

Medical Access Assistant(s)

The assistance includes but is not limited to contacting provider offices during regular business hours to find available MPN physicians of your choice, and scheduling and confirming physician medical appointments. Assistance is available in English and Spanish.

At least one MPN medical access assistant is available to respond at all required times, with the ability for callers to leave a voice message. Medical access assistants will respond to calls, faxes or messages by the next day, excluding Sundays and holidays. MAAs work in coordination with the MPN Contact and the claims adjuster(s) to ensure timely and appropriate medical treatment is available to you. You may contact the Medical Access Assistant at (855) 279-2163, email at compwestmaa@cvty.us.com, and fax (855) 273-6838.

What happens if I get injured at work?

In case of an emergency, you should call 911 or go to the closest emergency room. Once your condition is stable, contact your employer, the claims administrator, or Medical Access Assistant for assistance in locating an MPN provider for continued care.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a (DWC-1) claim form. Your employer is required to authorize medical treatment within one working day of your filing of a completed claim form (DWC-1). When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

How do I choose a provider?

After the first medical visit, you may continue to be treated by this doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury. If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. If you need help in choosing a doctor you may call the MPN Contact listed above.

If you have trouble getting an appointment with a provider within the MPN contact the Medical Access Assistant as soon as you are able and they can assist you.

If you select a new physician, immediately contact your claims examiner and provide him or her with the name, address and phone number of the physician you have selected.

If a chiropractor is selected as a treating physician, the chiropractor may act as a treating physician only until the 24-visit cap is met unless otherwise authorized by the employer or insurer, after which the covered employee must select another treating physician in the MPN who is not a chiropractor, and if the employee fails to do so, then the insurer or employer may assign another treating physician who is not a chiropractor.

Can I change providers?

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury.

Subsequent Care:

All medical non-emergencies, which require ongoing treatment, in-depth medical testing or a rehabilitation program, must be authorized by your claims examiner and based upon medically evidenced based treatment guidelines (California Labor Code §5307.27, and as set forth in title 8, California Code of Regulations, section 9792.20 et seq.). Access to subsequent care, including specialist services, shall be available within no more than twenty (20) business days of a covered employee's reasonable requests for an appointment through an MPN Medical Access Assistant. If an MPN Medical Access Assistant is unable within ten business days to schedule an initial medical appointment that will occur within twenty (20) business days of an employee's request, then CompWest Insurance Company shall permit the employee to obtain necessary treatment with an appropriate specialist outside of the MPN. The MPN physician, who is the primary treating physician, will continue to direct all of the covered injured employee's medical treatment needs.

If ancillary services are not available within a reasonable time or a reasonable geographic area to a covered employee, then the employee may obtain necessary ancillary services outside of the MPN within a reasonable geographic area.

What standards does the MPN have to meet?

The MPN has providers for the entire state of California. The MPN must give you a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The standard for access is primary treating physicians within 15 miles or 30 minutes and specialists within 30 miles or 60 minutes of where you work or live. If you live in a rural area or an area where there is a health care shortage, there may be a different standard.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment must be provided to you within 20 business days of your request. If you have trouble getting an appointment, contact the Medical Access Assistant .

What if there are no MPN providers where I am located?

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area,the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact the Medical Access Assistant for assistance in finding a physician or for additional information.

When an employee has a work-related non-emergency injury or illness outside of the service area, the employee should notify the employer and seek treatment at the closest occupational health or primary care clinic to the patient. In the event of an emergency or if urgent care is needed, the employee should seek medical attention from the nearest hospital or urgent care center. If feasible, the employee or a personal representative should report his/her injury/illness within 24 hours of receiving treatment.

Once the injured/ill employee returns to the service area, medical care will be transferred to a provider within the MPN.

In addition to the physicians within the MPN, the employee may change physicians among the referred physicians and may obtain a second and third opinion from the referred physicians. Referred physicians will be located within the access standards described in this notice. The MPN does not prevent a covered employee outside the MPN geographic service area from choosing a provider for non-emergency medical care.

What if I need a specialist not in the MPN?

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

Once you have identified the appropriate specialist outside of the network, schedule an appointment and notify your primary treating physician and claims examiner of the appointment date and time. Your MPN physician, who is your primary treating physician, will continue to direct all of your medical treatment needs.

What if I disagree with my doctor about medical treatment?

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may choose another doctor within the MPN. If you disagree with either the prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact your Claims Examiner and tell them you want a second opinion. Your Claims Examiner should give you at least a regional MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell your Claims Examiner of your appointment date, and your Claims Examiner will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you. You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN contact person will give you information on requesting an MPN Independent Medical Review and a form at the time you request a third opinion. If the MPN does not contain a physician who can provide the treatment recommended by the Second or Third Opinion physician, the employee may choose a physician outside the MPN within a reasonable geographic area. The covered employee may obtain the recommended treatment by changing physicians to the second opinion physician, third opinion physician, or other MPN physician

What if I am already being treated for a work-related injury before the MPN begins?

Your employer or insurer has a "Transfer of Care" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If you have properly pre-designated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about pre-designation, ask your supervisor). If your current doctor is not or does not become a member of the MPN, then you may be required to see a MPN physician.

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are in the box below.

Can I Continue Being Treated By My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

(Acute) An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a duration of less than ninety days. The treatment for your injury or illness will be completed in less than 90 days;

(Serious or chronic) Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made. Completion of treatment shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the insurer or employer in consultation with the injured employee and terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.

(Terminal) You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.

(Pending Surgery) You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete transfer of care policy for more details on the dispute resolution process.

For a copy of the entire transfer of care policy in English and Spanish, ask your MPN contact.

What if I am being treated by a MPN doctor who decides to leave the MPN?

Your employer or insurer has a written "Continuity of Care" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter of notification.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to MPN physicians. These conditions are set forth in the "Can I Continue Being Treated by My Doctor?" box above.

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care into the MPN. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the entire transfer of care policy in English and Spanish, ask your MPN contact.

What if I have questions or need help?

MPN Contact: You may always contact the MPN Contact in English and Spanish, to answer questions about the use of MPNs or to submit a formal MPN complaint by mail. •If you need an explanation about your medical treatment for your work-related injury or illness you can contact your claims examiner if one has been assigned to your case.

Name: Michelle Mears
Title: Claims Manager
Address: P.O. Box 40790, Lansing, MI 48901-7990
Telephone: 1-888-COMPWEST (1-888-266-7937)
Email: Michelle.Mears@compwestinsurance.com

Division of Workers' Compensation (DWC): If you have any questions regarding your rights and responsibilities under the California workers' compensation law, you can call the DWC's Information and Assistance (I&A) Unit at 1-800-736-7401 for recorded message, or access its webpage https://www.dir.ca.gov/dwc/landA.html [dir.ca.gov] for the contact information of your nearest local I&A office for assistance. You can also go to DWC's website at www.dir.ca.gov/dwc and click on "Medical provider networks" for more information about MPNs.

MPN Independent Medical Review: If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation's Medical Unit at (510) 286-3700 or (800) 794-6900 or by mail P.O. Box 71010, Oakland, CA 94612

Red de Proveedores Médicos

AF Group

AccidentFund UnitedHeartland CompWest ThirdCoast Underwriters

Información importante sobre atención médica si tiene una lesión o enfermedad relacionada con el trabajo Notificación inicial del empleado por escrito sobre: Red de proveedores médicos (Título 8, Código de Regulaciones de California, Sección 9767.12)

La ley de California requiere que su empleador provea y pague el tratamiento médico si usted se lesiona en el trabajo. Su empleador ha optado por proporcionar esta atención médica mediante el uso de una red de médicos de Compensación para Trabajadores denominada Red de Proveedores Médicos (Medical Provider Network, MPN). La MPN es administrada por CompWest Insurance Company. La compañía de compensación de trabajadores de su empleador es CompWest Insurance Company. Esta notificación le dice lo que necesita saber sobre el programa de MPN y describe sus derechos en la elección de atención médica para lesiones y enfermedades relacionadas con el trabajo.

¿Qué es una MPN?

Una Red de Proveedores Médicos (MPN) es un grupo de proveedores de atención médica (médicos y otros proveedores médicos) que utiliza su empleador para tratar a los trabajadores lesionados en el trabajo. Cada MPN debe incluir un conjunto de médicos especializados en lesiones relacionadas con el trabajo y médicos con experiencia en áreas generales de la medicina. Las MPN deben permitir que los empleados tengan una opción de proveedor(es).

CompWest Select MPN

CompWest Insurance Company brinda acceso a tratamiento médico a través de CompWest Select MPN. CompWest Select MPN accede al tratamiento médico a través de proveedores seleccionados de PPP de la Cruz Azul de Anthem (“Blue Cross of California”) y de la Red de Proveedores de Kaiser-On-the-Job.

MPN ID#: 0079

¿Cómo puedo saber cuáles son los médicos de mi MPN?

El contacto de MPN mencionado en esta notificación podrá responder a sus preguntas sobre la MPN y le ayudará a obtener una lista regional de todos los médicos de la MPN en su área. Como mínimo, el listado regional debe incluir una lista de todos los proveedores de MPN dentro de las 15 millas de su lugar de trabajo y/o residencia o una lista de todos los proveedores de MPN dentro del condado donde usted vive y/o trabaja. Puede elegir la lista que desea recibir. También tiene derecho a una lista completa de todos los proveedores de MPN a petición.

Puede obtener la lista de proveedores de MPN llamando al contacto de MPN o visitando nuestro sitio web en: https://www.compwestinsurance.com/ph/file-a-claim/medical-provider-search/

Directorios del proveedor:

Directorios en línea - si tiene acceso a Internet, puede acceder a la lista de todos los médicos tratantes en la MPN visitando el sitio web https://www.viiad.com/anthemcompass/KBCOMPWES000.

Asistentes Médicos para Acceso al MPN disponibles (inglés y español)
Lunes - Sábado, de 7 am a 8 pm, brindando asistencia con acceso a atención médica conforme a la MPN.
Teléfono: 855-279-2163
Fax: 855-273-6838
Correo electrónico: compwestmaa@cvty.us.com

Asistente(s) de acceso médico

La asistencia incluye pero no se limita a ponerse en contacto con las oficinas de los proveedores durante las horas de oficina para encontrar médicos disponibles de la MPN de su elección y programar y confirmar las citas médicas. La asistencia está disponible en inglés y español.

Por lo menos un asistente de acceso médico de MPN está disponible para responder en todos los tiempos requeridos, con la capacidad para que los que llamen dejen un mensaje de voz Los asistentes de acceso médico responderán a las llamadas, faxes o mensajes al día siguiente, excepto los domingos y los días festivos. Los MAA trabajan en coordinación con el contacto de MPN y el ajustador de reclamos para asegurar que el tratamiento médico oportuno y apropiado esté disponible para usted. Puede comunicarse con el Asistente de Acceso Médico al (855) 279-2163, correo electrónico a compwestmaa@cvty.us.com, y fax (855) 273-6838.

¿Qué sucede si me lesiono en el trabajo?

En caso de una emergencia, debe llamar al 911 o ir a la sala de emergencias más cercana. Una vez que su condición es estable, comuníquese con su empleador, con el administrador de reclamaciones o con el Asistente de acceso médico para obtener ayuda para localizar a un proveedor de la MPN para continuar con la atención.

Si se lesiona en el trabajo, notifique a su empleador lo antes posible. Su empleador le proporcionará un formulario de reclamación (DWC-1). Su empleador tiene la obligación de autorizar el tratamiento médico dentro de un día laboral de la presentación de un formulario de reclamación completo (DWC-1). Cuando usted notifica a su empleador que usted ha tenido una lesión relacionada con el trabajo, su empleador o asegurador hará una cita inicial con un médico en la MPN.

¿Cómo elijo un proveedor?

Después de la primera visita médica, usted puede continuar siendo tratado por este médico, o puede elegir otro médico de la MPN. Usted puede continuar eligiendo médicos dentro de la MPN para toda su atención médica por esta lesión. Si es apropiado, puede elegir a un especialista o pedirle a su médico tratante que lo remita a un especialista. Si necesita ayuda para elegir a un médico, puede llamar al contacto de la MPN que se menciona arriba.

Si tiene problemas para obtener una cita con un proveedor dentro de la MPN, póngase en contacto con el Asistente de Asistencia Médica tan pronto como sea posible y ellos lo pueden ayudar.

Si selecciona a un nuevo médico, comuníquese inmediatamente con su examinador de reclamos y proporcione a él o ella el nombre, dirección y número de teléfono del médico que ha seleccionado.

Si un quiropráctico es seleccionado como un médico tratante, el quiropráctico puede actuar como un médico tratante sólo hasta que se cumpla el límite de 24 visitas, a menos que el empleador o asegurador lo autorice de otra manera, después de lo cual el empleado cubierto debe seleccionar otro médico tratante en la MPN que no es un quiropráctico, y si el empleado no lo hace, entonces el asegurador o el empleador puede asignar a otro médico tratante que no es un quiropráctico.

¿Puedo cambiar de proveedor?

Sí. Puede cambiar proveedores dentro de la MPN por cualquier razón, pero los proveedores que elija deben ser apropiados para tratar su lesión.

Atención posterior:

Todas las emergencias médicas, que requieren tratamiento continuo, exámenes médicos detallados o un programa de rehabilitación, deben ser autorizadas por su examinador de reclamaciones y basadas en pautas de tratamiento basadas en evidencia médica (Código de Trabajo de California §5307.27 y como se establece en el título 8 , Código de Regulaciones de California, sección 9792.20 y siguientes). El acceso a la atención posterior, incluidos los servicios especializados, estará disponible dentro de un plazo no mayor de veinte (20) días hábiles después de las solicitudes razonables de un empleado cubierto para una cita a través de un Asistente de Acceso Médico de MPN. Si un Asistente de Acceso Médico de MPN no puede, dentro de los diez días hábiles, programar una cita médica inicial que ocurra dentro de los veinte (20) días hábiles de la solicitud de un empleado, entonces CompWest Insurance Company le permitirá al empleado obtener el tratamiento necesario con un especialista apropiado fuera de la MPN. El médico de la MPN, que es el principal médico tratante, continuará dirigiendo todas las necesidades médicas cubiertas del empleado lesionado.

Si los servicios auxiliares no están disponibles dentro de un tiempo razonable o un área geográfica razonable para un empleado cubierto, entonces el empleado puede obtener los servicios auxiliares necesarios fuera de la MPN dentro de un área geográfica razonable.

¿Qué estándares tiene que cumplir la MPN?

La MPN tiene proveedores para todo el estado de California. La MPN debe darle una lista regional de proveedores que incluye por lo menos tres médicos en cada especialidad comúnmente usada para tratar lesiones de trabajo (enfermedades en su industria. El estándar para el acceso es el tratamiento de los médicos de cabecera dentro de las 15 millas o 30 minutos y los especialistas dentro de 30 millas o 60 minutos de donde usted trabaja o vive. Si usted vive en una zona rural o un área donde hay un escasez de atención médica puede haber un estándar diferente.

Después de haber notificado a su empleador de su lesión, la MPN debe proporcionar el tratamiento inicial dentro de los 3 días hábiles. Si el tratamiento con un especialista ha sido autorizado, la cita debe ser proporcionada dentro de los 20 días hábiles de su solicitud. Si tiene problemas para obtener una cita, comuníquese con la MPN.

¿Qué pasa si no hay proveedores de MPN donde estoy ubicado?

Si usted es un empleado actual que vive en una zona rural o trabaja temporalmente o vive fuera del área de servicio de la MPN, o es un ex empleado permanentemente viviendo fuera del área de servicio de MPN, la MPN o su médico tratante le dará una lista de por lo menos tres médicos que pueden tratarlo. La MPN también puede permitirle elegir su propio médico fuera de la red de la MPN. Póngase en contacto con su MPN para obtener ayuda en la búsqueda de un médico o para obtener información adicional.

Cuando un empleado tiene una lesión o enfermedad relacionada con el trabajo fuera del área de servicio, el empleado debe notificar al empleador y buscar tratamiento en la clínica de salud ocupacional o atención primaria más cercana al paciente. En caso de una emergencia o si se necesita atención urgente, el empleado debe buscar atención médica desde el hospital más cercano o centro de atención de urgencia. Si es factible, el empleado o un representante personal debe reportar su lesión / enfermedad dentro de las 24 horas de recibir el tratamiento.

Una vez que el empleado lesionado / enfermo vuelva al área de servicio, la atención médica será transferida a un proveedor dentro de la MPN.

Además de los médicos dentro de la MPN, el empleado puede cambiar de médico entre los médicos referidos y puede obtener una segunda y tercera opinión de los médicos referidos. Los médicos recomendados se ubicarán dentro de los estándares de acceso descritos en este aviso. La MPN no impide que un empleado cubierto fuera del área de servicio geográfico de la MPN elija un proveedor para atención médica que no sea de emergencia.

¿Qué pasa si necesito un especialista que no esté en la MPN?

Si necesita ver a un tipo de especialista que no está disponible en la MPN, tiene derecho a ver a un especialista fuera de la MPN.

Una vez que haya identificado al especialista apropiado fuera de la red, programe una cita y notifique a su médico de cabecera y examinador de reclamos de la fecha y hora de la cita. Su médico de la MPN, que es su principal médico tratante, continuará dirigiendo todas sus necesidades médicas.

¿Qué pasa si no estoy de acuerdo con mi médico acerca del tratamiento médico?

Si no está de acuerdo con el diagnóstico o tratamiento prescrito por su médico, puede elegir otro médico dentro de la MPN. Si no está de acuerdo con el diagnóstico o tratamiento prescrito por su médico, puede pedir una segunda opinión de otro médico dentro de la MPN. Si desea una segunda opinión, debe comunicarse con la MPN y decirle que desea una segunda opinión. La MPN debe darle al menos una lista regional de proveedores de MPN desde la cual puede elegir un médico de segunda opinión. Para obtener una segunda opinión, debe elegir un médico de la lista de la MPN y hacer una cita dentro de 60 días. Debe informar al contacto de la MPN de la fecha de su cita, y la MPN enviará al médico una copia de sus registros médicos. Puede solicitar una copia de sus registros médicos que se enviarán al médico.

Si no hace una cita dentro de 60 días de recibir la lista de proveedores regionales, no se le permitirá tener una segunda o tercera opinión con respecto a este diagnóstico o tratamiento disputado de este médico tratante.

Si el médico de segunda opinión siente que su lesión está fuera del tipo de lesión que él o ella normalmente trata, la oficina del médico notificará a su empleador o aseguradora. Obtendrá otra lista de médicos o especialistas de la MPN para que pueda hacer otra selección.

Si no está de acuerdo con la segunda opinión, puede pedir una tercera opinión. Si usted solicita una tercera opinión, usted pasará por el mismo proceso que usted pasó para la segunda opinión.

Recuerde que si no hace una cita dentro de 60 días de obtener otra lista de proveedores de MPN, entonces no se le permitirá tener una tercera opinión con respecto a este diagnóstico o tratamiento disputado de este médico tratante.

Si no está de acuerdo con el médico de la tercera opinión, puede solicitar una Revisión Médica Independiente (Independent Medical Review, IMR). Su empleador o persona de contacto de la MPN le dará información sobre la solicitud de una Revisión Médica Independiente y un formulario en el momento en que solicite una tercera opinión. Si la MPN no contiene un médico que pueda proporcionar el tratamiento recomendado por el médico de Segunda o Tercera Opinión, el empleado puede elegir un médico fuera de la MPN dentro de un área geográfica razonable. El empleado cubierto puede obtener el tratamiento recomendado cambiando a los médicos al médico de segunda opinión, médico de tercera opinión u otro médico de la MPN

¿Qué pasa si ya estoy siendo tratado por una lesión relacionada con el trabajo antes de que comience la MPN?

Su empleador o asegurador tiene una política de “Transferencia de Cuidado” que determinará si usted puede continuar siendo tratada temporalmente por una lesión relacionada con el trabajo existente por un médico fuera de la MPN antes de que su atención sea transferida a la MPN.

Si usted ha designado previamente a un médico tratante primario, no puede ser transferido a la MPN. (Si tiene preguntas sobre la pre-designación, pregunte a su supervisor). Si su médico actual no es o no se convierte en un miembro de la MPN, entonces puede ser necesario ver a un médico de la MPN.

Si su empleador decide transferirlo a la MPN, usted y su médico de atención primaria deben recibir una carta notificándole de la transferencia.

Si cumple con ciertas condiciones, puede calificar para continuar tratando con un médico que no sea de la MPN hasta un año antes de ser transferido a la MPN. Las condiciones de calificación para posponer la transferencia de su atención a la MPN se encuentran en el recuadro a continuación.

¿Puedo seguir siendo tratado por mi médico?

Usted puede calificar para continuar el tratamiento con su proveedor que no es MPN (a través de la transferencia de cuidado o continuidad de la atención) por un año si su lesión o enfermedad cumple cualquiera de las siguientes condiciones:

(Aguda) Una afección aguda es una condición médica que implica una aparición repentina de síntomas debido a una enfermedad, lesión u otro problema médico que requiere atención médica inmediata y que tiene una duración de menos de noventa días. El tratamiento para su lesión o enfermedad se completará en menos de 90 días;

(Grave o crónica) Su lesión o enfermedad es grave y continúa durante al menos 90 días sin curación completa o empeora y requiere un tratamiento continuo. Es posible que se le permita ser tratado por su médico actual durante un año, hasta que pueda realizarse una transferencia segura de la atención. La finalización del tratamiento deberá ser provista por un período de tiempo necesario para completar un curso de tratamiento y para organizar una transferencia segura a otro proveedor, según lo determinado por el asegurador o el empleador en consutación con el empleado lesionado y el proveedor terminado y consistente con buen profesional práctica. La finalización del tratamiento no excederá de 12 meses a partir de la fecha de rescisión del contrato.

(Terminal) Usted tiene una enfermedad incurable o condición irreversible que es probable que cause la muerte dentro de un año o menos. La finalización del tratamiento se proporcionará durante la duración de una enfermedad terminal.

(Cirugía pendiente) Usted ya tiene una cirugía u otro procedimiento que ha sido autorizado por su empleador o asegurador que ocurrirá dentro de los 180 días de la fecha de vigencia de la MPN o la fecha de rescisión del contrato entre la MPN y su médico.

Usted puede estar en desacuerdo con la decisión de su empleador de transferir su atención a la MPN. Si no desea ser transferido a la MPN, pídale a su médico de cabecera un informe médico sobre si usted tiene una de las cuatro condiciones mencionadas anteriormente para calificar para un aplazamiento de su transferencia a la MPN.

Su médico de cabecera tiene 20 días a partir de la fecha de su solicitud para darle una copia de su informe sobre su condición. Si su médico de cabecera no le da el informe dentro de los 20 días de su solicitud, el empleador puede transferir su atención a la MPN y se le pedirá que use un médico de la MPN.

Usted tendrá que dar una copia del informe a su empleador si desea posponer la transferencia de su atención. Si usted o su empleador no están de acuerdo con el informe de su médico sobre su condición, usted o su empleador pueden disputarlo. Vea la política completa de transferencia de cuidado para más detalles sobre el proceso de resolución de disputas.

Para obtener una copia de toda la transferencia de la política de atención, pregunte a su contacto de MPN.

¿Qué pasa si estoy siendo tratado por un médico de la MPN que decide dejar la MPN?

Su empleador o asegurador tiene una política de “continuidad de atención” escrita que determinará si usted puede continuar temporalmente el tratamiento de una lesión laboral existente con su médico si su médico ya no participa en la MPN.

Si su empleador decide que usted no califica para continuar con su cuidado con el proveedor que no es MPN, usted y su médico de cabecera deben recibir una carta de notificación.

Si cumple con ciertas condiciones, puede calificar para continuar tratando con este médico por un año antes de que usted debe cambiar a los médicos de la MPN. Estas condiciones se indican en el recuadro arriba con el título “¿Puedo seguir siendo tratado por mi médico?”

Usted puede estar en desacuerdo con la decisión de su empleador de denegarle la continuidad de la atención con el proveedor de la MPN rescindido. Si desea continuar tratando con el médico terminado, pídale a su médico de cabecera un informe médico sobre si usted tiene una de las cuatro condiciones indicadas en la casilla anterior para ver si califica para continuar tratando temporalmente con su médico actual.

Su médico de cabecera tiene 20 días a partir de la fecha de su solicitud para darle una copia de su informe médico sobre su condición. Si su médico de cabecera no le da el informe dentro de los 20 días de su solicitud, el empleador puede transferir su atención a la MPN y se le pedirá que use un médico de la MPN.

Usted tendrá que dar una copia del informe a su empleador si desea posponer la transferencia de su atención a la MPN. Si usted o su empleador no están de acuerdo con el informe de su médico sobre su condición, usted o su empleador pueden disputarlo. Vea la política completa de Continuidad de Cuidado para más detalles sobre el proceso de resolución de disputas.

Para obtener una copia de toda la política de Continuidad de la atención, pregunte a su contacto de MPN.

¿Qué pasa si tengo preguntas o necesito ayuda?

Contacto de la MPN: Siempre puede ponerse en contacto con el contacto de la MPN para responder preguntas acerca del uso de las MPN o para presentar una queja formal de MPN por correo. •Si necesita una explicación sobre su tratamiento médico para su lesión o enfermedad relacionada con el trabajo, puede comunicarse con su examinador de reclamaciones si se le ha asignado un caso.

Nombre: Michelle Mears
Cargo: Gerente de reclamaciones
Domicilio: Apartado postal 40790, Lansing, MI 48901-7990
Teléfono: 1-888-COMPWEST (1-888-266-7937)
Correo electrónico: Michelle.Mears@compwestinsurance.com

División de Compensación al Trabajador (DWC): Si tiene alguna pregunta sobre sus derechos y responsabilidades bajo la ley de compensación de trabajadores de California, puede llamar al número de información de la unidad de asistencia del DWC al 800-736-7401 para un mensaje grabado, o acceder a su pagina web https://www.dir.ca.gov/dwc/landA.html [dir.ca.gov] para obtener la informacion de contacto su oficina local de I&A mas cercana para obtener asistencia. También puede acceder a la página web de la DWC: www.dir.ca.gov/dwc y haga clic en “Medical Provider Networks” para obtener más información sobre las MPN.

Revisión Médica Independiente: Si tiene preguntas sobre el proceso de Revisión Médica Independiente, comuníquese con la Unidad Médica de la División de Compensación para Trabajadores al (510) 286-3700 o (800) 794-6900 o por correo P.O. Box 71010, Oakland, CA 94612

Medical Provider Network

Important Information about Medical Care if you have a Work-Related Injury or Illness Initial Written Employee Notification re: Medical Provider Network (Title 8, California Code of Regulations, Section 9767.12)

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This MPN is administered by **CompWest Insurance Company**. Your employers' workers' compensation carrier is **CompWest Insurance Company**. This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work-related injuries and illnesses.

You Are Important to Us

Keeping you well and fully employed is important to us. It is your employer's goal to provide you employment in a safe working environment. However, should you become injured or ill, as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as possible. In compliance with California law, we provide workers' compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the MPN, please contact Michelle Mears by phone at (888) 266-7937 or email michelle.mears@compwestinsurance.com. If you need an explanation about your medical treatment for your work-related injury or illness, contact your claims examiner if one has been assigned to your case.

What is an MPN?

A Medical Provider Network (MPN) is a group of health care providers (physicians and other medical providers) used by your employer to treat workers injured on the job. Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine. MPNs must allow employees to have a choice of provider(s).

CompWest Select MPN

CompWest Insurance Company provides access to medical treatment through CompWest Select MPN. CompWest Select MPN accesses medical treatment through selected Anthem Blue Cross Prudent Buyer PPO ("Blue Cross of California") providers and the Kaiser-On-the-Job Provider Network. Anthem Blue Cross contracts with doctors, hospitals and other providers to respond to the special requirements of on-the-job injuries or illnesses.

MPN ID#: 0079

How do I find out which doctors are in my MPN?

The MPN contact listed in this notification will be able to answer your questions about the MPN and will help you obtain a regional list of all MPN doctors in your area. At minimum, the regional listing must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to a complete listing of all of the MPN providers upon request.

You can get the list of MPN providers by calling the MPN contact or by going to our website at:
https://www.compwestinsurance.com/ph/file-a-claim/medical-provider-search/

Provider Directories:

Online Directories – If you have internet access, you can access the roster of all treating physicians in the MPN by going to the website **https://www.viiad.com/anthemcompass/KBCOMPWES000**.

Medical Access Assistant(s)

The assistance includes, but is not limited to, contacting provider offices during regular business hours to find available MPN physicians of your choice, and scheduling and confirming physician medical appointments. Assistance is available in English and Spanish.

At least one MPN medical access assistant is available to respond at all required times, with the ability for callers to leave a voice message. Medical access assistants will respond to calls, faxes or messages by the next day, excluding Sundays and holidays. MAAs work in coordination with the MPN Contact and the claims adjuster(s) to ensure timely and appropriate medical treatment is available to you. You may contact the Medical Access Assistant at (855) 279-2163, email at compwestmaa@cvty.us.com, and fax (855) 273-6838.

MPN Medical Access Assistants (English and Spanish)
Mon – Sat. 7 a.m. – 8 p.m. providing assistance with access to medical care under the MPN
Phone: 855-279-2163
Fax: 855-273-6838
Email: compwestmaa@cvty.us.com

Promptly contact your claims examiner to notify us of any appointment you schedule with an MPN provider.

What happens if I get injured at work?

In case of an emergency, you should call 911 or go to the closest emergency room. Once your condition is stable, contact your employer, the claims administrator, or Medical Access Assistant for assistance in locating an MPN provider for continued care.

If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a (DWC-1) claim form. Your employer is required to authorize medical treatment within one working day of your filing of a completed claim form (DWC-1). When you notify your employer that you have had a work-related injury, your employer or insurer will make an initial appointment with a doctor in the MPN.

How do I choose a provider?

After the first medical visit, you may continue to be treated by this doctor, or you may choose another doctor from the MPN. You may continue to choose doctors within the MPN for all of your medical care for this injury. If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. If you need help in choosing a doctor, you may call the MPN Contact listed above.

If you have trouble getting an appointment with a provider within the MPN, contact the Medical Access Assistant as soon as you are able and they can assist you.

If you select a new physician, immediately contact your claims examiner and provide him or her with the name, address and phone number of the physician you have selected.

If a chiropractor is selected as a treating physician, the chiropractor may act as a treating physician only until the 24-visit cap is met, unless otherwise authorized by the employer or insurer, after which the covered employee must select another treating physician in the MPN who is not a chiropractor, and if the employee fails to do so, then the insurer or employer may assign another treating physician who is not a chiropractor.

Your claims examiner can assist you to identify appropriate specialists if requested. Once you have identified the appropriate specialist outside of the network, schedule an appointment and notify your primary treating physician and claims examiner of the appointment date and time. Your MPN physician, who is your primary treating physician, will continue to direct all of your medical treatment needs.

Can I change providers?

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury.

Subsequent Care:

All medical non-emergencies, which require ongoing treatment, in-depth medical testing or a rehabilitation program, must be authorized by your claims examiner and based upon medically evidenced based treatment guidelines (California Labor Code §5307.27, and as set forth in title 8, California Code of Regulations, section 9792.20 et seq.). Access to subsequent care, including specialist services, shall be available within no more than twenty (20) business days of a covered employee's reasonable requests for an appointment through an MPN Medical Access Assistant. If an MPN Medical Access Assistant is unable within ten business days to schedule an initial medical appointment that will occur within twenty (20) business days of an employee's request, then CompWest Insurance Company shall permit the employee to obtain necessary treatment with an appropriate specialist outside of the MPN. The MPN physician, who is the primary treating physician, will continue to direct all of the covered injured employee's medical treatment needs.

If ancillary services are not available within a reasonable time or a reasonable geographic area to a covered employee, then the employee may obtain necessary ancillary services outside of the MPN within a reasonable geographic area.

What standards does the MPN have to meet?

The MPN has providers for the entire state of California. The MPN must give you a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries (illnesses in your industry). The standard for access is primary treating physicians within 15 miles or 30 minutes and specialists within 30 miles or 60 minutes of where you work or live. If you live in a rural area or an area where there is a health care shortage, there may be a different standard. If the MPN cannot provide access to a primary treating physician within 15 miles or 30 minutes of your workplace or residence, the MPN may allow you to seek treatment outside the MPN. Please contact your claims examiner for assistance.

After you have notified your employer of your injury, the MPN must provide initial treatment within 3 business days. If treatment with a specialist has been authorized, the appointment must be provided to you within 20 business days of your request. If you have trouble getting an appointment, contact the Medical Access Assistant.

What if there are no MPN providers where I am located?

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three

physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your Medical Access Assistant for help finding a physician or for additional information.

When an employee has a work-related non-emergency injury or illness outside of the service area, the employee should notify the employer and seek treatment at the closest occupational health or primary care clinic to the patient. In the event of an emergency or if urgent care is needed, the employee should seek medical attention from the nearest hospital or urgent care center. If feasible, the employee or a personal representative should report his/her injury/illness within 24 hours of receiving treatment.

Once the injured/ill employee returns to the service area, medical care will be transferred to a provider within the MPN.

In addition to the physicians within the MPN, the employee may change physicians among the referred physicians and may obtain a second and third opinion from the referred physicians. Referred physicians will be located within the access standards described in this notice. The MPN does not prevent a covered employee outside the MPN geographic service area from choosing a provider for non-emergency medical care.

What if I need a specialist not in the MPN?

If you need to see a type of specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

Once you have identified the appropriate specialist outside of the network, schedule an appointment and notify your primary treating physician and claims examiner of the appointment date and time. Your MPN physician, who is your primary treating physician, will continue to direct all of your medical treatment needs.

What if I disagree with my doctor about medical treatment?

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may choose another doctor within the MPN. If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask for a second opinion from another doctor within the MPN. If you want a second opinion, you must contact the claims examiner and tell them you want a second opinion. The claims examiner should give you at least a regional MPN provider list from which you can choose a second opinion doctor. To get a second opinion, you must choose a doctor from the MPN list and make an appointment within 60 days. You must tell the claims examiner of your appointment date, who will send the doctor a copy of your medical records. You can request a copy of your medical records that will be sent to the doctor.

If you do not make an appointment within 60 days of receiving the regional provider list, you will not be allowed to have a second or third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you (as the employee). You will get another list of MPN doctors or specialists so you can make another selection.

If you disagree with the second opinion, you may ask for a third opinion. If you request a third opinion, you will go through the same process you went through for the second opinion.

Remember that if you do not make an appointment within 60 days of obtaining another MPN provider list, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment of this treating physician.

If you disagree with the third opinion doctor, you may ask for an MPN Independent Medical Review (IMR). Your employer or MPN contact person will give you information on requesting an MPN Independent Medical Review and a form at the time you request a third opinion.

If either the second or third opinion doctor or MPN Independent Medical Reviewer agrees with your need for a treatment or test, you will be allowed to receive that medical service from a provider inside the MPN, including the second or third opinion physician.

If the MPN Independent Medical Reviewer supports your need for a treatment or test you may receive that care from a doctor inside or outside of the MPN, however the physician should be within a reasonable geographic area.

If the MPN does not contain a physician who can provide the treatment recommended by the Second or Third Opinion physician, the employee may choose a physician outside the MPN within a reasonable geographic area. The covered employee may obtain the recommended treatment by changing physicians to the second opinion physician, third opinion physician, or other MPN physician.

What if I am already being treated for a work-related injury before the MPN begins?

Your employer or insurer has a "Transfer of Care" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If you have properly pre-designated a primary treating physician, you cannot be transferred into the MPN. (If you have questions about pre-designation, ask your supervisor). If your current doctor is not or does not become a member of the MPN, then you may be required to see an MPN physician.

If your employer decides to transfer you into the MPN, you and your primary treating physician must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are in the box below.

Can I Continue Being Treated by My Doctor?

You may qualify for continuing treatment with your non-MPN provider (through transfer of care or continuity of care) for up to a year if your injury or illness meets any of the following conditions:

(Acute) An acute condition is a medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and that has a duration of less than ninety days. The treatment for your injury or illness will be completed in less than 90 days;

(Serious or chronic) Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year until a safe transfer of care can be made. Completion of treatment shall be provided for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another provider, as determined by the insurer or employer in consultation with the injured employee and terminated provider and consistent with good professional practice. Completion of treatment shall not exceed 12 months from the contract termination date.

(Terminal) You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Completion of treatment shall be provided for the duration of a terminal illness.

(Pending Surgery) You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date, or the termination of contract date between the MPN and your doctor.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete transfer of care policy for more details on the dispute resolution process.

For a copy of the entire transfer of care policy in English and Spanish, ask your MPN Contact.

What if I am being treated by an MPN doctor who decides to leave the MPN?
Your employer or insurer has a written "Continuity of Care" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is no longer participating in the MPN.

If your employer decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician must receive a letter of notification.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to MPN physicians. These conditions are set forth in the "Can I Continue Being Treated by My Doctor?" box above.

You can disagree with your employer's decision to deny you Continuity of Care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your primary treating physician does not give you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care into the MPN. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the entire Continuity of Care policy in English and Spanish, ask your MPN Contact.

What if I have questions or need help?

MPN Contact: You may always contact the MPN Contact to answer questions about the use of MPNs or to submit a formal MPN complaint by mail. If you need an explanation about your medical treatment for your work-related injury or illness, contact your claims examiner if one has been assigned to your case.

Name: Michelle Mears
Title: Claims Manager
Address: P.O. Box 40790 Lansing, MI 48901-7990
Telephone: 1-888-COMPWEST (1-888-266-7937)
Email: michelle.mears@compwestinsurance.com

Division of Workers' Compensation (DWC):): If you have any questions regarding your rights and responsibilities under the California workers' compensation law, you can call the DWC's Information and Assistance (I&A) Unit at 1-800-736-7401 for recorded message, or access its webpage https://www.dir.ca.gov/dwc/IandA.html [dir.ca.gov] for the contact information of your nearest local I&A office for assistance. You can also go to DWC's website at www.dir.ca.gov/dwc and click on "Medical provider networks" for more information about MPNs.

MPN Independent Medical Review: If you have questions about the MPN Independent Medical Review process, contact the Division of Workers' Compensation's Medical Unit at (510) 286-3700 or (800) 794-6900 or by mail P.O. Box 71010, Oakland, CA 94612

Red de proveedores médicos

Información importante sobre atención médica si tiene una lesión o enfermedad relacionada con el trabajo
Notificación inicial del empleado por escrito sobre: Red de proveedores médicos (Título 8, Código de Regulaciones de California, Sección 9767.12)

La ley de California requiere que su empleador provea y pague el tratamiento médico si usted se lesiona en el trabajo. Su empleador ha optado por proporcionar esta atención médica mediante el uso de una red de médicos de Compensación para Trabajadores denominada Red de Proveedores Médicos (Medical Provider Network, MPN). La MPN es administrada por **CompWest Insurance Company**. La compañía de compensación de trabajadores de su empleador es **CompWest Insurance Company**. Esta notificación le dice lo que necesita saber sobre el programa de MPN y describe sus derechos en la elección de atención médica para lesiones y enfermedades relacionadas con el trabajo.

Usted es importante para nosotros

Mantenerlo bien y totalmente empleado es importante para nosotros. Es la meta de su empleador proporcionarle empleo en un ambiente de trabajo seguro. Sin embargo, si se lesiona o se enferma, como resultado de su trabajo, queremos asegurarnos de recibir un tratamiento médico de calidad inmediata. Nuestra meta es ayudarlo a tener una recuperación completa y regresar a su trabajo tan pronto como sea posible. En cumplimiento de la ley de California, ofrecemos beneficios de compensación al trabajador, que incluyen el pago de todo tratamiento médico apropiado por lesiones o enfermedades relacionadas con el trabajo. Si tiene alguna pregunta con respecto a la MPN, comuníquese con el Michelle Mears por teléfono al (888) 266-7937, o envíe un correo electrónico a michelle.mears@compwestinsurance.com. Si necesita una explicación sobre su tratamiento médico para su lesión o enfermedad relacionada con el trabajo, comuníquese con su examinador de reclamaciones si se le ha asignado un caso.

¿Qué es una MPN?

Una Red de Proveedores Médicos (MPN) es un grupo de proveedores de atención médica (médicos y otros proveedores médicos) que utiliza su empleador para tratar a los trabajadores lesionados en el trabajo. Cada MPN debe incluir un conjunto de médicos especializados en lesiones relacionadas con el trabajo y médicos con experiencia en áreas generales de la medicina. Las MPN deben permitir que los empleados tengan una opción de proveedor(es).

CompWest Select MPN

CompWest Insurance Company brinda acceso a tratamiento médico a través de **CompWest Select MPN**. **CompWest Select MPN** accede al tratamiento médico a través de proveedores seleccionados de PPP de la Cruz Azul de Anthem ("Blue Cross of California") y de la Red de Proveedores de Kaiser-On-the-Job. Anthem Blue Cross contrata a médicos, hospitales y a otros proveedores para responder a los requisitos especiales de lesiones o enfermedades en el trabajo.

MPN ID#: 0079

¿Cómo puedo saber cuáles son los médicos de mi MPN?
El contacto de MPN mencionado en esta notificación podrá responder a sus preguntas sobre la MPN y le ayudará a obtener una lista regional de todos los médicos de la MPN en su área. Como mínimo, el listado regional debe incluir una lista de todos los proveedores de MPN dentro de las 15 millas de su lugar de trabajo y/o residencia o una lista de todos los proveedores de MPN dentro del condado donde usted vive y/o trabaja. Puede elegir la lista que desea recibir. También tiene derecho a una lista completa de todos los proveedores de MPN a petición.

Puede obtener la lista de proveedores de MPN llamando al contacto de MPN o visitando nuestro sitio web en: **https://www.compwestinsurance.com/ph/file-a-claim/medical-provider-search/**

Directorios del proveedor:
Directorios en línea - si tiene acceso a Internet, puede acceder a la lista de todos los médicos tratantes en la MPN visitando el sitio web **https://www.viiad.com/anthemcompass/KBCOMPWES000**.

Asistente(s) de acceso médico
La asistencia incluye pero no se limita a ponerse en contacto con las oficinas de los proveedores durante las horas de oficina para encontrar médicos disponibles de la MPN de su elección y programar y confirmar las citas médicas. La asistencia está disponible en inglés y español.

Por lo menos un asistente de acceso médico de MPN está disponible para responder en todos los tiempos requeridos, con la capacidad para que los que llamen dejen un mensaje de voz Los asistentes de acceso médico responderán a las llamadas, faxes o mensajes al día siguiente, excepto los domingos y los días festivos. Los MAA trabajan en coordinación con el contacto de MPN y el ajustador de reclamos para asegurar que el tratamiento médico oportuno y apropiado esté disponible para usted. Puede comunicarse con el Asistente de Acceso Médico al (855) 279-2163, correo electrónico a compwestmaa@cvty.us.com, y fax (855) 273-6838.

Asistentes Médicos de MPN disponibles (inglés y español)
Lunes - Sábado, de 7 am a 8 pm, brindando asistencia con acceso a atención médica conforme a la MPN.
Teléfono: 855-279-2163
Fax: 855-273-6838
Correo electrónico: compwestmaa@cvty.us.com

Póngase inmediatamente en contacto con su examinador de reclamaciones para notificarnos cualquier cita que programe con un proveedor de MPN.

¿Qué sucede si me lesiono en el trabajo?
En caso de una emergencia, debe llamar al 911 o ir a la sala de emergencias más cercana. Una vez que su condición es estable, comuníquese con su empleador, con el administrador de reclamaciones o con el Asistente de acceso médico para obtener ayuda para localizar a un proveedor de la MPN para continuar con la atención.

Si se lesiona en el trabajo, notifique a su empleador lo antes posible. Su empleador le proporcionará un formulario de reclamación (DWC-1). Su empleador tiene la obligación de autorizar el tratamiento médico dentro de un día laboral de la presentación de un formulario de reclamación completo (DWC-1). Cuando usted notifica a su empleador que usted ha tenido una lesión relacionada con el trabajo, su empleador o asegurador hará una cita inicial con un médico en la MPN.

¿Cómo elijo un proveedor?

Después de la primera visita médica, usted puede continuar siendo tratado por este médico, o puede elegir otro médico de la MPN. Usted puede continuar eligiendo médicos dentro de la MPN para toda su atención médica por esta lesión. Si es apropiado, puede elegir a un especialista o pedirle a su médico tratante que lo remita a un especialista. Si necesita ayuda para elegir a un médico, puede llamar al contacto de la MPN que se menciona arriba.

Si tiene problemas para obtener una cita con un proveedor dentro de la MPN, póngase en contacto con el Asistente de Asistencia Médica tan pronto como sea posible y ellos lo pueden ayudar.

Si selecciona a un nuevo médico, comuníquese inmediatamente con su examinador de reclamos y proporcione a él o ella el nombre, dirección y número de teléfono del médico que ha seleccionado.

Si un quiropráctico es seleccionado como un médico tratante, el quiropráctico puede actuar como un médico tratante sólo hasta que se cumpla el límite de 24 visitas, a menos que el empleador o asegurador lo autorice de otra manera, después de lo cual el empleado cubierto debe seleccionar otro médico tratante en la MPN que no es un quiropráctico, y si el empleado no lo hace, entonces el asegurador o el empleador puede asignar a otro médico tratante que no es un quiropráctico.

Su examinador de reclamaciones puede ayudarle a identificar a los especialistas apropiados si así lo solicita. Una vez que haya identificado al especialista apropiado fuera de la red, programe una cita y notifique a su médico de cabecera y examinador de reclamos de la fecha y hora de la cita. Su médico de la MPN, que es su principal médico tratante, continuará dirigiendo todas sus necesidades médicas.

¿Puedo cambiar de proveedor?

Sí. Puede cambiar proveedores dentro de la MPN por cualquier razón, pero los proveedores que elija deben ser apropiados para tratar su lesión.

Atención posterior:

Todas las emergencias médicas, que requieren tratamiento continuo, exámenes médicos detallados o un programa de rehabilitación, deben ser autorizadas por su examinador de reclamaciones y basadas en pautas de tratamiento basadas en evidencia médica (Código de Trabajo de California §5307.27 y como se establece en el título 8 , Código de Regulaciones de California, sección 9792.20 y siguientes). El acceso a la atención posterior, incluidos los servicios especializados, estará disponible dentro de un plazo no mayor de veinte (20) días hábiles después de las solicitudes razonables de un empleado cubierto para una cita a través de un Asistente de Acceso Médico de MPN. Si un Asistente de Acceso Médico de MPN no puede, dentro de los diez días hábiles, programar una cita médica inicial que ocurra dentro de los veinte (20) días hábiles de la solicitud de un empleado, entonces CompWest Insurance Company le

permitirá al empleado obtener el tratamiento necesario con un especialista apropiado fuera de la MPN. El médico de la MPN, que es el principal médico tratante, continuará dirigiendo todas las necesidades médicas cubiertas del empleado lesionado.

Si los servicios auxiliares no están disponibles dentro de un tiempo razonable o un área geográfica razonable para un empleado cubierto, entonces el empleado puede obtener los servicios auxiliares necesarios fuera de la MPN dentro de un área geográfica razonable.

¿Qué estándares tiene que cumplir la MPN?

La MPN tiene proveedores para todo el estado de California. La MPN debe darle una lista regional de proveedores que incluye por lo menos tres médicos en cada especialidad comúnmente usada para tratar lesiones de trabajo (enfermedades en su industria). El estándar para el acceso es el tratamiento de los médicos de cabecera dentro de las 15 millas o 30 minutos y los especialistas dentro de 30 millas o 60 minutos de donde usted trabaja o vive. Si usted vive en una zona rural o un área donde hay un escasez de atención médica puede haber un estándar diferente. Si la MPN no puede proporcionar acceso a un médico de atención primaria dentro de las 15 millas o 30 minutos de su lugar de trabajo o residencia, la MPN puede permitirle buscar tratamiento fuera de la MPN. Póngase en contacto con su examinador de reclamaciones para obtener ayuda.

Después de haber notificado a su empleador de su lesión, la MPN debe proporcionar el tratamiento inicial dentro de los 3 días hábiles. Si el tratamiento con un especialista ha sido autorizado, la cita debe ser proporcionada dentro de los 20 días hábiles de su solicitud. Si tiene problemas para obtener una cita, comuníquese con el Asistente de Acceso Médico de MPN.

¿Qué pasa si no hay proveedores de MPN donde estoy ubicado?

Si usted es un empleado actual que vive en una zona rural o trabaja temporalmente o vive fuera del área de servicio de la MPN, o es un ex empleado permanentemente viviendo fuera del área de servicio de MPN, la MPN o su médico tratante le dará una lista de por lo menos tres médicos que pueden tratarlo. La MPN también puede permitirle elegir su propio médico fuera de la red de la MPN. Póngase en contacto con el Asistente de Acceso Médico para obtener ayuda en la búsqueda de un médico o para obtener información adicional.

Cuando un empleado tiene una lesión o enfermedad relacionada con el trabajo fuera del área de servicio, el empleado debe notificar al empleador y buscar tratamiento en la clínica de salud ocupacional o atención primaria más cercana al paciente. En caso de una emergencia o si se necesita atención urgente, el empleado debe buscar atención médica desde el hospital más cercano o centro de atención de urgencia. Si es factible, el empleado o un representante personal debe reportar su lesión / enfermedad dentro de las 24 horas de recibir el tratamiento.

Una vez que el empleado lesionado / enfermo vuelva al área de servicio, la atención médica será transferida a un proveedor dentro de la MPN.

Además de los médicos dentro de la MPN, el empleado puede cambiar de médico entre los médicos referidos y puede obtener una segunda y tercera opinión de los médicos referidos. Los médicos recomendados se ubicarán dentro de los

estándares de acceso descritos en este aviso. La MPN no impide que un empleado cubierto fuera del área de servicio geográfico de la MPN elija un proveedor para atención médica que no sea de emergencia.

¿Qué pasa si necesito un especialista que no esté en la MPN?

Si necesita ver a un tipo de especialista que no está disponible en la MPN, tiene derecho a ver a un especialista fuera de la MPN.

Una vez que haya identificado al especialista apropiado fuera de la red, programe una cita y notifique a su médico de cabecera y examinador de reclamos de la fecha y hora de la cita. Su médico de la MPN, que es su principal médico tratante, continuará dirigiendo todas sus necesidades médicas.

¿Qué pasa si no estoy de acuerdo con mi médico acerca del tratamiento médico?

Si no está de acuerdo con el diagnóstico o tratamiento prescrito por su médico, puede elegir otro médico dentro de la MPN. Si no está de acuerdo con el diagnóstico o tratamiento prescrito por su médico, puede pedir una segunda opinión de otro médico dentro de la MPN. Si desea una segunda opinión, debe comunicarse con el examinador de reclamos y decirle que desea una segunda opinión. El examinador de reclamos debe darle al menos una lista regional de proveedores de MPN desde la cual puede elegir un médico de segunda opinión. Para obtener una segunda opinión, debe elegir un médico de la lista de la MPN y hacer una cita dentro de 60 días. Debe informar al examinador de reclamos la fecha de su cita, quién le enviará al médico una copia de sus registros médicos. Puede solicitar una copia de sus registros médicos que se enviarán al médico.

Si no hace una cita dentro de 60 días de recibir la lista de proveedores regionales, no se le permitirá tener una segunda o tercera opinión con respecto a este diagnóstico o tratamiento disputado de este médico tratante.

Si el médico de segunda opinión siente que su lesión está fuera del tipo de lesión que él o ella normalmente trata, la oficina del médico notificará a su empleador o aseguradora y a usted (como empleando). Obtendrá otra lista de médicos o especialistas de la MPN para que pueda hacer otra selección.

Si no está de acuerdo con la segunda opinión, puede pedir una tercera opinión. Si usted solicita una tercera opinión, usted pasará por el mismo proceso que usted pasó para la segunda opinión.

Recuerde que si no hace una cita dentro de 60 días de obtener otra lista de proveedores de MPN, entonces no se le permitirá tener una tercera opinión con respecto a este diagnóstico o tratamiento disputado de este médico tratante.

Si no está de acuerdo con el médico de la tercera opinión, puede solicitar un MPN Revisión Médica Independiente (MPN Independent Medical Review, IMR). Su empleador o persona de contacto de la MPN le proporcionará información sobre la solicitud de un MPN Revisión Médica Independiente y un formulario en el momento en que solicite una tercera opinión.

Si el segundo o tercer médico de opinión o la MPN Revisión Médica Independiente está de acuerdo con su necesidad de un tratamiento o prueba, se le permitirá recibir ese servicio médico de un proveedor dentro de la MPN, incluido el segundo o tercer médico de opinión.

Si el MPN Revisor Médico Independiente apoya su necesidad de un tratamiento o prueba, puede recibir esa atención de un médico dentro o fuera de la MPN, sin embargo el médico debe estar dentro de un área geográfica razonable.

Si la MPN no contiene un médico que pueda proporcionar el tratamiento recomendado por el médico de Segunda o Tercera Opinión, el empleado puede elegir un médico fuera de la MPN dentro de un área geográfica razonable. El empleado cubierto puede obtener el tratamiento recomendado cambiando a los médicos al médico de segunda opinión, médico de tercera opinión u otro médico de la MPN.

¿Qué pasa si ya estoy siendo tratado por una lesión relacionada con el trabajo antes de que comience la MPN?

Su empleador o asegurador tiene una política de "Transferencia de Cuidado" que determinará si usted puede continuar siendo tratada temporalmente por una lesión relacionada con el trabajo existente por un médico fuera de la MPN antes de que su atención sea transferida a la MPN.

Si usted ha designado previamente a un médico tratante primario, no puede ser transferido a la MPN. (Si tiene preguntas sobre la pre-designación, pregunte a su supervisor). Si su médico actual no es o no se convierte en un miembro de la MPN, entonces puede ser necesario ver a un médico de la MPN.

Si su empleador decide transferirlo a la MPN, usted y su médico de atención primaria deben recibir una carta notificándole de la transferencia.

Si cumple con ciertas condiciones, puede calificar para continuar tratando con un médico que no sea de la MPN hasta un año antes de ser transferido a la MPN. Las condiciones de calificación para posponer la transferencia de su atención a la MPN se encuentran en el recuadro a continuación.

¿Puedo seguir siendo tratado por mi médico?

Usted puede calificar para continuar el tratamiento con su proveedor que no es MPN (a través de la transferencia de cuidado o continuidad de la atención) por un año si su lesión o enfermedad cumple cualquiera de las siguientes condiciones:

(Aguda) Una afección aguda es una condición médica que implica una aparición repentina de síntomas debido a una enfermedad, lesión u otro problema médico que requiere atención médica inmediata y que tiene una duración de menos de noventa días. El tratamiento para su lesión o enfermedad se completará en menos de 90 días;

(Grave o crónica) Su lesión o enfermedad es grave y continúa durante al menos 90 días sin curación completa o empeora y requiere un tratamiento continuo. Es posible que se le permita ser tratado por su médico actual durante un año, hasta que pueda realizarse una transferencia segura de la atención. La finalización del tratamiento deberá ser provista por un período de tiempo necesario para completar un curso de tratamiento y para organizar una transferencia segura a otro proveedor, según lo determinado por el asegurador o el empleador en consutación con el empleado lesionado y el proveedor rescindido y consistente con buen profesional práctica. La finalización del tratamiento no excederá de 12 meses a partir de la fecha de rescisión del contrato.

(Terminal) Usted tiene una enfermedad incurable o condición irreversible que es probable que cause la muerte dentro de un año o menos. La finalización del tratamiento se proporcionará durante la duración de una enfermedad terminal.

(Cirugía pendiente) Usted ya tiene una cirugía u otro procedimiento que ha sido autorizado por su empleador o asegurador que ocurrirá dentro de los 180 días de la fecha de vigencia de la MPN o la fecha de rescisión del contrato entre la MPN y su médico.

Usted puede estar en desacuerdo con la decisión de su empleador de transferir su atención a la MPN. Si no desea ser transferido a la MPN, pídale a su médico de cabecera un informe médico sobre si usted tiene una de las cuatro condiciones mencionadas anteriormente para calificar para un aplazamiento de su transferencia a la MPN.

Su médico de cabecera tiene 20 días a partir de la fecha de su solicitud para darle una copia de su informe sobre su condición. Si su médico de cabecera no le da el informe dentro de los 20 días de su solicitud, el empleador puede transferir su atención a la MPN y se le pedirá que use un médico de la MPN.

Usted tendrá que dar una copia del informe a su empleador si desea posponer la transferencia de su atención. Si usted o su empleador no están de acuerdo con el informe de su médico sobre su condición, usted o su empleador pueden disputarlo. Vea la política completa de transferencia de cuidado para más detalles sobre el proceso de resolución de disputas.

Para obtener una copia de toda la transferencia de la política de atención en inglés y español, pregunte a su contacto de MPN.

¿Qué pasa si estoy siendo tratado por un médico de la MPN que decide dejar la MPN?

Su empleador o asegurador tiene una política de "continuidad de atención" escrita que determinará si usted puede continuar temporalmente el tratamiento de una lesión laboral existente con su médico si su médico ya no participa en la MPN.

Si su empleador decide que usted no califica para continuar con su cuidado con el proveedor que no es MPN, usted y su médico de cabecera deben recibir una carta de notificación.

Si cumple con ciertas condiciones, puede calificar para continuar tratando con este médico por un año antes de que usted debe cambiar a los médicos de la MPN. Estas condiciones se indican en el recuadro arriba con el título “¿Puedo seguir siendo tratado por mi médico?”

Usted puede estar en desacuerdo con la decisión de su empleador de denegarle la continuidad de la atención con el proveedor de la MPN rescindido. Si desea continuar tratando con el médico terminado, pídale a su médico de cabecera un informe médico sobre si usted tiene una de las cuatro condiciones indicadas anteriormente para ver si califica para continuar tratando temporalmente con su médico actual.

Su médico de cabecera tiene 20 días a partir de la fecha de su solicitud para darle una copia de su informe médico sobre su condición. Si su médico de cabecera no le da el informe dentro de los 20 días de su solicitud, el empleador puede transferir su atención a la MPN y se le pedirá que use un médico de la MPN.

Usted tendrá que dar una copia del informe a su empleador si desea posponer la transferencia de su atención a la MPN. Si usted o su empleador no están de acuerdo con el informe de su médico sobre su condición, usted o su empleador pueden disputarlo. Vea la política completa de Continuidad de Cuidado para más detalles sobre el proceso de resolución de disputas.

Para obtener una copia de toda la política de Continuidad de la atención en inglés y español, pregunte a su contacto de MPN.

¿Qué pasa si tengo preguntas o necesito ayuda?

Contacto de la MPN: Siempre puede ponerse en contacto con el contacto de la MPN para responder preguntas acerca del uso de las MPN o para presentar una queja formal de MPN por correo. Si necesita una explicación sobre su tratamiento médico para su lesión o enfermedad relacionada con el trabajo, comuníquese con su examinador de reclamaciones si se le ha asignado un caso.

Nombre: Michelle Mears
Cargo: Gerente de reclamaciones
Domicilio: Apartado postal 40790, Lansing, MI 48901-7990
Teléfono: 1-888-COMPWEST (1-888-266-7937)
Correo electrónico: michelle.mears@compwestinsurance.com

División de Compensación al Trabajador (DWC): Si tiene alguna pregunta sobre sus derechos y responsabilidades bajo la ley de compensación de trabajadores de California, puede llamar al número de información de la unidad de asistencia del DWC al 800-736-7401 para un mensaje grabado, o acceder a su pagina web https://www.dir.ca.gov/dwc/IandA.html [dir.ca.gov] para obtener la informacion de contacto su oficina local de I&A mas cercana para obtener asistencia. También puede acceder a la página web de la DWC: www.dir.ca.gov/dwc y haga clic en “Medical Provider Networks” para obtener más información sobre las MPN.

MPN Revisión Médica Independiente: Si tiene preguntas sobre el proceso de MPN Revisión Médica Independiente, comuníquese con la Unidad Médica de la División de Compensación para Trabajadores al (510) 286-3700 o (800) 794-6900 o por correo P.O. Box 71010, Oakland, CA 94612