

**SANTA CRUZ COUNTY FIRE AGENCIES INSURANCE GROUP  
 EMPLOYEE SELECTION OF PERSONAL PHYSICIAN  
 The Facts About Workers' Compensation Brochure**

**Pre-designation Of Personal Physician**

In the event you sustain an injury or illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (M.D.) or doctor of osteopathic medicine (D.O.) or medical group if: You have health care insurance for injuries/illness 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 non-occupational 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/illness, and (2) your personal doctor's name and business address.

You may use this form, a form provided by your employer or provide all the information in writing to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury/illness and the above requirements are met.

**Notice Of Pre-designation Of Personal Physician  
 Employee: Complete this section**

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 Signature: \_\_\_\_\_ Date \_\_\_\_\_

Note to Employee: Unless you agree in writing, neither your employer or York may contact your personal physician to confirm a pre-designation. If your physician does not sign this form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree, your employer or York may contact your personal physician to confirm this pre-designation, sign and date below.

Employee Signature \_\_\_\_\_  
 \_\_\_\_\_  
 Employee # \_\_\_\_\_ Date \_\_\_\_\_  
 Physician: I agree to this Pre-designation:  
 Signature: \_\_\_\_\_ Date \_\_\_\_\_  
 (Physician or Designated Employee of the Physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3). (Optional DWC Form 9783 July 1, 2014)

**Notice Of Personal Chiropractic Or Personal Acupuncturist**

If your employer or your employer's insurer does not have a Medical Provider Network (MPN), you may be able to change your treating physician to your personal chiropractor (D.C.) or acupuncturist (L.A.C.) following a work-related injury/illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal D.C. or L.A.C. in writing prior to the injury/illness. York generally has the right to select your treating physician within the first 30 days after your employer knows of your injury/illness. After your employer or York has initiated your treatment with another physician during this period, you may then, upon request, have your treatment transferred to your personal D.C. or L.A.C. You may use this form to notify your employer of your personal D.C. or L.A.C., or your employer may have their own form. The D.C. or L.A.C. must be your regular D.C. or L.A.C. who has directed your treatment and retains your chiropractic records and history. If your employer has an MPN, you may only switch to a D.C. or L.A.C. within the MPN. A chiropractor cannot be your treating physician after 24 visits. If you still require medical treatment thereafter, you will have to select a 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.

Name of chiropractor or acupuncturist (D.C., L.A.C.) \_\_\_\_\_  
 \_\_\_\_\_  
 (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)

**WHEN A WORK INJURY OCCURS...**

- Quickly seek first aid.
- Call 9-1-1 for help immediately if emergency medical care is needed.
- Immediately report injuries to your supervisor or employer representative at The Scotts Valley Fire Protection District

Information & Assistance Office: San Jose  
100 Paseo de San Antonio, RM# 241  
San Jose, CA 95113 (408) 277-1292

**Employer MUST complete this information**

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