



Your Workers' Compensation Benefits

CALIFORNIA

This form should be given to all newly hired employees in the State of California. Its content applies to industrial injuries on or after January 1, 2013.

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.

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job, or are a victim of a workplace crime. 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 to a harmful condition (such as hurting your wrist from doing the same motion over and over).

Workers' compensation benefits include:

Medical Care: Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. You should never see a bill. Physical therapy, occupational therapy and chiropractic visits may be limited to 24 each.

Temporary Disability Benefits: Payments if you lose wages while recovering. For most injuries, temporary disability benefits are limited to 104 weeks within 5 years from your date of injury. Filing a timely Employment Development Department claim may result in additional state disability benefits when TTD benefits are terminated, delayed or denied.

Permanent Disability Benefits: Payments if your injury causes a permanent disability. Once your injury stabilizes, your treating physician may find permanent disability, depending upon your level of recovery. The amount of permanent disability found by your doctor will be rated by your claims administrator according to your age and occupation in order to determine the percentage and corresponding dollar amount of permanent disability due. These amounts are set by state law. You have the right to obtain a state disability rating or appeal a rating.

Supplemental Job Displacement Vouchers: If your injury causes you to miss time from work and results in permanent disability, you may receive a supplemental job displacement voucher if your employer has not offered modified, alternative or regular employment within 60 days of receipt of the doctor's medical report indicating you have made a maximum medical recovery. The voucher is for reimbursement of education-related costs and is capped at \$6,000.00. If you receive a voucher as a result of your injury, you have two years from the date you are furnished the voucher or five years from your date of injury (whichever occurs later), to request reimbursement for qualifying expenditures.

Death Benefits: Paid to dependents of a worker who dies from a work-related injury or illness. Burial expenses are also provided, with the maximum amount allowed dependent upon the date of injury.

Return to Work Program: If you experience a permanent earnings loss as a result of your injury and your permanent disability benefits are determined to be disproportionately low, you may qualify for additional monies from the Department of Industrial Relation's Return to Work Fund. Contact the Department of Industrial Relations at: www.dir.ca.gov/ to learn more about this additional benefit.

Temporary disability, permanent disability, and death benefits are all payable at a rate based on 2/3 of your average weekly wage, and subject to state minimum and maximum amounts in effect on your date of injury. These benefits are paid every two weeks while you are eligible.

Voluntary, off duty, recreational, social or athletic activities may not be covered under workers' compensation.

If you get hurt:

Get Medical Care. If you need first aid, contact your employer. If you need emergency care, call for help immediately.

Report Your Injury. Report the injury immediately to your supervisor. 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 a claim form within one working day after learning about your injury, and must also authorize treatment within one working day after you have returned a signed and completed copy of the form. The statute of limitations for filing a workers' compensation claim is one year from the date of injury or, if resulting from repeated exposures, one year from when you realized or should have realized that your job caused the injury.

See Your Treating Physician. Your primary treating physician is the doctor with overall responsibility for treating your injury or illness. He or she is charged with maintaining the continuity of your care, as well as initiating referrals to specialists. If your employer has an approved Medical Provider Network (MPN), they may be able to limit your choices of treating physicians retain medical control, and require you to treat with an MPN physician from the onset. (An MPN is a selected network of healthcare providers who provide treatment to workers injured on the job. See your employer for more information on your MPN.) Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. If your employer does not have an approved MPN and you wish to change doctors in the first 30 days after reporting your claim, your claims administrator must select a new physician within five days of your request.

If you have provided your employer with the name of your personal physician before your injury and have group health insurance at the time of injury, you may see your personal physician for treatment even if your employer has an approved MPN. Your personal physician must be a general practitioner or a board-certified or board-eligible internist, pediatrician, obstetrician- gynecologist, family practitioner, or multi-specialty medical group of doctors of medicine or osteopathy, and must have treated you and maintained your medical history and records before your work injury and must also agree to treat you for a work-related injury or illness. If your employer does not have an approved MPN and you gave your employer the name of your personal chiropractor or acupuncturist in writing before you were injured, you may switch to the chiropractor or acupuncturist upon request. If you still need medical care after 30 days, you may be able to switch to a doctor of your own choice.

For your convenience, optional forms to predesignate your personal physician or multi-specialty medical group of doctors of medicine or osteopathy are attached to this document. Also attached, are forms to predesignate your personal acupuncturist or chiropractor if your employer does not have a medical provider network in place. By law, chiropractors are not allowed to be the treating physician after 24 visits.

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 your employer has been found to discriminate, you may be entitled to job reinstatement with back pay, increased compensation, and costs and expenses. You may also have additional rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-3362. You can get free information from a state Division of Workers' Compensation Information & Assistance Officer. Hear recorded information and a list of local offices by calling toll-free **(800) 736-7401** or learn more online at: <http://www.dir.ca.gov> .

If medical care is not being provided by your employer you have several options. First, contact your claims administrator to find out the status of your claim. If you have given your employer a completed and signed claim form but your claim has been delayed for investigation, your employer is still required to authorize treatment, up to \$10,000.00, during the delay. If the claim has not been accepted yet and your medical costs have exceeded the statutory \$10,000.00 cap, you can go to your group health plan for care, find a doctor, clinic or hospital that will bill the claims administrator directly, or use public health services.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it.

Your Workers' Compensation Insurance Company is **The Travelers Indemnity Company**.

You can also look up your insurance carrier at the WCIRB online lookup: <https://www.caworkcompcoverage.com/>

You can obtain free information from an Information and Assistance Officer of the state Division of Workers' Compensation, or you can hear recorded information and a list of local offices by calling **(800) 736-7401**. A list of Information and Assistance offices can be found at the end of this pamphlet to help you locate the I&A office nearest you. You may also go to the DWC web site at: <http://www.dir.ca.gov> for further information.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee may 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 web site at: <http://www.californiaspecialist.org>. You may get a list of attorneys from your local information and assistance officer or look in your yellow pages.

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.) or 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, 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 code)

(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
(Optional DWC Form 9783 Effective date July 1, 2014)

**Predesignation of Personal Physician; Reporting Duties of the Primary Treating Physician
Regulations 8 C.C.R. section 9780, et seq. (Approved 02/12/2014)**

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)

Predesignation of Personal Physician; Reporting Duties of the Primary Treating Physician
Regulations 8 C.C.R. section 9780, et seq. (Approved 02/12/2014)

Contact the information & assistance unit

- By phone at 1-800-736-7401: For recorded information that helps injured workers, employers and others understand
- California's workers' compensation system, and their rights and responsibilities under the law.
- By attending a workshop for injured workers
- By calling or going in person to a local Information & Assistance Unit office:

<p><u>Anaheim</u> 1065 N. Pacific Center Drive Anaheim, CA 92806 (714) 414-1801</p>	<p><u>Oxnard</u> 1901 N. Rice Ave., Ste. 200 Oxnard, CA 93036 (805) 485-3528</p>	<p><u>San Francisco</u> 455 Golden Gate Avenue, 2nd floor San Francisco, CA 94102-7014 (415) 703-5020</p>
<p><u>Bakersfield</u> 1800 30th Street, Suite 100 Bakersfield, CA 93301-1929 (661) 395-2514</p>	<p><u>Pomona</u> 732 Corporate Center Drive Pomona, CA 91768-2653 (909) 623-8568</p>	<p><u>San Jose</u> 100 Paseo de San Antonio, Rm 241 San Jose, CA 95113-1402 (408) 277-1292</p>
<p><u>Eureka</u> 100 "H" Street, Room 202 Eureka, CA 95501-0481 (707) 441-5723</p>	<p><u>Redding</u> 250 Hemsted Drive, 2nd Fl., Ste. B Redding, CA 96002 (530) 225-2047</p>	<p><u>San Luis Obispo</u> 4740 Allene Way, Suite 100 San Luis Obispo, CA 93401 (805) 596-4159</p>
<p><u>Fresno</u> 2550 Mariposa Mall, Suite 4078 Fresno, CA 93721-2219 (559) 445-5355</p>	<p><u>Riverside</u> 3737 Main Street, Room 300 Riverside, CA 92501-3337 (951) 782-4347</p>	<p><u>Santa Ana</u> 605 W Santa Ana Blvd. Bldg 28, Suite 451 Santa Ana, CA 92701 (714) 558-4597</p>
<p><u>Long Beach</u> 300 Ocean Gate Street, Suite 200 Long Beach, CA 90802-4304 (562) 590-5001</p>	<p><u>Sacramento</u> 160 Promenade Circle, Suite 300 Sacramento, CA 95834 (916) 928-3158</p>	<p><u>Santa Barbara</u> *Satellite office 130 East Ortega Street Santa Barbara, CA 93101-1631 (805) 884-1032</p>
<p><u>Los Angeles</u> 320 W. 4th Street, 9th floor Los Angeles, CA 90013-2329 (213) 576-7389</p>	<p><u>Salinas</u> 1880 North Main Street, Suite 100 Salinas, CA 93906-2037 (831) 443-3058</p>	<p><u>Santa Rosa</u> 50 "D" Street, Suite 420 Santa Rosa, CA 95404-4771 (707) 576-2452</p>
<p><u>Marina del Rey</u> 4720 Lincoln Blvd, 2nd & 3rd floors Marina del Rey, CA 90292-6902 (310) 482-3858</p>	<p><u>San Bernardino</u> 464 W. Fourth Street, Suite 239 San Bernardino, CA 92401-1411 (909) 383-4522</p>	<p><u>Stockton</u> 31 East Channel Street, Room 344 Stockton, CA 95202-2314 (209) 948-7980</p>
<p><u>Oakland</u> 1515 Clay Street, 6th floor Oakland, CA 94612 (510) 622-2861</p>	<p><u>San Diego</u> 7575 Metropolitan Drive, Suite 202 San Diego, CA 92108 (619) 767-2082</p>	<p><u>Van Nuys</u> 6150 Van Nuys Blvd., Suite 105 Van Nuys, CA 91401-3370 (818) 901-5367</p>



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IMPORTANT INFORMATION ABOUT MEDICAL CARE FOR YOUR WORK-RELATED INJURY OR ILLNESS

MEDICAL PROVIDER NETWORK (MPN) NOTIFICATION

If you are injured at work, California Law requires your employer to provide and pay for medical treatment. Your employer will provide this medical care through a Workers' Compensation Medical Provider Network (MPN). This document includes frequently asked questions about the program and your rights in choosing treatment for work-related injuries and illnesses. Your employer is using the TravNet MPN with an identification number 2493.

1. What is a Medical Provider Network (MPN)?

A Medical Provider Network is a group of health care providers (physicians and other types of providers) that will manage and direct any *medical* care you receive if you are injured at work. The MPN also includes ancillary providers including a pharmacy network and durable medical equipment providers. The providers in the MPN specialize in work related injuries and illnesses and meet California required access to care standards.

The California Division of Workers' Compensation (DWC) MPN access to care standards require that an MPN plan provide: at least three physicians of each specialty expected to treat workers compensation injuries; has primary treating providers within 15 miles or 30 minutes and specialty care providers within 30 miles or 60 minutes from either your work or residence; that after notifying the employer about the injury, an injured employee will be able to get an appointment for the first treatment visit for non-emergency services within three business days; and the appointment with a specialist will be made within 20 business days following the insurer's receipt of request for treatment.

Further, the regulations require MPN providers to use medical treatment guidelines adopted by the DWC in making any decisions related to medical care or treatment. This MPN plan complies with DWC requirements and in the event that you need medical care in connection with a workers compensation claim, it is likely that you will receive this care from providers within the MPN.

You can get general information regarding the MPN from the website www.mywcinfo.com:

- In the State Resources section, select "**California**" in the drop-down box
- Click the "**Go**" button

2. How do I find out which doctors, pharmacies or other medical providers are in the MPN?

You can get a regional list of all MPN providers in your area. At minimum, the regional list 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 obtain a list of all the MPN providers upon request.

There are several methods for locating MPN providers. You may:

- Log on to the website at: www.myWCinfo.com
- Click the "**Find a Local Network Medical Provider**" link
- Contact your Case Manager (Claim or Medical)
- Contact the MPN Medical Access Assistant
- Contact your employer

You can access the roster of all treating physicians in the MPN by going to the website at www.mywcinfo.com:

- Click the "**Find a Local Network Provider**" link
- Click on the "**CA MPN Roster of Treating Physicians**" tab

The MPN Medical Access Assistant will be able to help you find available MPN providers of your choice and help you if you are having trouble getting an appointment with an MPN provider. The MPN Medical Access Assistant is available to schedule medical appointments during doctors' normal business hours and to assist you from 7:00 a.m. to 8:00 p.m. Pacific time, Monday through Saturday at 800-287-9682, or by fax at (877) 890-3258, or by email to CAMPN@travelers.com. Assistance is available in English and Spanish.

If you come across any inaccuracies in a provider listing, please report the inaccuracies to the MPN Medical Access Assistant by calling 800-287-9682 or by email to CAMPN@travelers.com.

3. What happens if I get injured at work?

If you incur a work-related injury or illness that is an emergency either call 911 or go to the nearest emergency medical center. You should notify your employer as soon as possible following any emergency treatment. If your injury or illness is not an emergency, notify your employer that you have a work-related injury in a reasonable time following the date of injury. Your employer or insurer will arrange an initial appointment with a doctor within the MPN.

4. How do I choose a provider?

After your first visit with an MPN provider to treat your work-related injury or illness, you may either continue treatment with this doctor or choose another MPN provider that is appropriate to treat your injury. If needed, you may choose a specialist or ask the treating doctor to refer you to a specialist for treatment. You may continue to choose doctors within the MPN for all of your medical care for this injury. If you need help in choosing an MPN doctor or have trouble getting an appointment with a doctor within the MPN, please contact your Case Manager (Claim or Medical) or the MPN Medical Access Assistant for help.

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.

5. 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. Please contact your Case Manager (Claim or Medical) or the MPN Medical Access Assistant if you want to change your treating physician.

6. What if there are no providers in my area?

The MPN has providers available throughout the state of California. If you are unable to find an appropriate treating physician or specialist available in your area, please contact your Case Manager (Claim or Medical) or the MPN Medical Access Assistant for help. If there are no MPN providers in the appropriate specialty available to treat your injury within the distance and timeframe requirements, then you will be allowed to seek the necessary treatment outside of the MPN.

7. What if I am authorized by my employer to temporarily work or travel outside of the MPN geographic service area?

If your employer has authorized you to temporarily work or travel outside the MPN geographic service area and the need for non-emergency medical care arises, you may treat with a provider of your choice. You may also contact the MPN Medical Access Assistant or your Case Manager (Claim or Medical). You will be provided with a choice of three physicians who are outside of the MPN geographic service area for care. These providers will be selected by either your primary treating physician, who is participating in the MPN, or by the MPN Medical Access Assistant. **If your injury requires emergency care, call 911 or go to the nearest emergency medical treatment center.**

8. What if I decide to temporarily or permanently reside outside of the MPN geographic service area during my recovery?

If you are a current employee temporarily living outside the MPN geographic service area or are a former employee permanently residing outside of the MPN geographic service area and the need for non-emergency medical care arises, you may treat with a provider of your choice. You may also contact your Case Manager (Claim or Medical) or the MPN Medical Access Assistant. You will be provided with a choice of three physicians who are outside of the MPN geographic service area to choose from for care. These providers will

be selected by your primary treating physician, who is participating in the MPN, your Case Manager, or by the MPN Medical Access Assistant. **If your injury requires emergency care, call 911 or go to the nearest emergency medical treatment center.**

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

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

If your Case Manager (Claim or Medical) decides to transfer you into the MPN, you and your primary treating physician will 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.

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

- **(Acute)** 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.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(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.

You can disagree with the 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 calendar 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 calendar days** of your request, your Case Manager 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 Case Manager (Claim or Medical) if you wish to postpone the transfer of your care. If you or your Case Manager disagrees with your doctor's report on your condition, you or your Case Manager can dispute it. See the complete Transfer of Care policy for more details on the dispute resolution process.

For a copy of the Transfer of Care policy, in English or Spanish, ask your Case Manager (Claim or Medical) or the MPN Medical Access Assistant.

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

The MPN 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 Case Manager (Claim or Medical) decides that you do not qualify to continue your care with the non-MPN provider, you and your primary treating physician will receive a letter notifying you of this decision.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must choose a MPN physician.

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

- **(Acute)** 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.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(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 termination of contract date between the MPN and your doctor.

You can disagree with your Case Manager'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, your Case Manager's decision to deny you Continuity of Care with your doctor who is no longer participating in the MPN will apply, and you will be required to choose a MPN physician.

You will need to give a copy of the report to your Case Manager if you wish to postpone the selection of another MPN doctor for your continued treatment. If you or your Case Manager 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 Continuity of Care policy, in English or Spanish, ask your Case Manager (Claim or Medical) or the MPN Medical Access Assistant.

11. What if I disagree with my doctor about medical treatment?

If you disagree with your doctor or wish to change your doctor for any reason, 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 your Case Manager (Claim or Medical) and tell them you want a second opinion. The MPN should give you at least a regional MPN provider list, based on the specialty or recognized expertise in treating the particular injury or condition in question, 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 Case Manager (Claim or Medical) of your appointment date, and they 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 Case Manager (Claim or Medical) 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 Claim Case Manager will give you information on requesting an Independent Medical Review and a form at the time you select a third-opinion physician.

If either the second or third-opinion doctor or Independent Medical Reviewer agrees with your need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area.

12. What if I have a prescription I need to fill?

The MPN includes doctors, as well as pharmacies. If your MPN treating physician prescribes a medication, you must obtain your prescriptions through a network pharmacy. Healthsystems®, our Pharmacy Benefit Manager, will electronically process your prescription with no out of pocket expense to you. To access a complete listing of MPN pharmacies, please log on to www.mywcinfo.com and click on the “Find a Network Provider” link.

You can also visit the Healthsystems website at www.healthsystems.com. If you need assistance finding an MPN pharmacy, please contact your Case Manager (Claim or Medical) or the MPN Medical Access Assistant.

To assist you and the pharmacists with processing your medication online you will need the following:

- **Member ID (Claim Number + TRV)**
- **Bin Number – 012874**
- **Healthsystems Pharmacy Help desk – (877) 528-9497**

If you have questions or concerns regarding your pharmacy benefits, please contact your case manager (Claim or Medical).

13. What if I have questions or need help understanding the MPN?

You will need to refer to the Travelers TravNet MPN and the MPN Identification Number 2493 whenever you have questions or requests about the MPN.

You may always contact your Case Manager or the MPN Medical Access Assistant if you need help or further explanation about your medical treatment. **The MPN Medical Access Assistant can be reached at: 800-287-9682.**

The MPN Contact is also able to answer questions about the use of the MPN and will address any complaints regarding the MPN. The MPN Contact can be reached by phone at 800-287-9682 or by email at CAMPN@travelers.com.

DWC Information & Assistance Officer: If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment of a work-related injury or illness, you can call the **Information and Assistance Officer at the Division of Workers' Compensation at 1-800-736-7401.**

Independent Medical Review: If you have questions about the Independent Medical Review process or the Independent Medical Reviewer, you may contact the Division of Workers' Compensation's Medical Unit at:

**Division of Workers' Compensation's Medical Unit
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900**

**ACKNOWLEDGEMENT OF
RECEIPT OF MPN INFORMATION**

I acknowledge that I have received information regarding my employer's use of a Medical Provider Network for Workers Compensation claims.

Employee's Name (please print)

Employee's Signature

Today's Date

Employee: Please return this form to your employer

Employer: Please place in Employee's Personnel file