



## COAST COMMUNITY COLLEGE WORKERS' COMPENSATION

1370 Adams Ave ♦ Costa Mesa CA 92626 ♦ 714-438-4864 ♦ Fax 714-438-4773 ♦

**To:** Benefits Eligible Employees

**From:** District Risk Services

**Re:** PRIME Advantage Medical Provider Network for Work-Related Illnesses/Injuries

**Date:** June 27, 2005

### **\*\*Important Information Regarding Workers' Compensation Benefits\*\***

Recent changes in legislation relating to workers' compensation benefits impact how medical treatment is provided in the event you are injured during your scope of employment with the Coast Community College District. In the event you are injured at work, you will receive prompt, high-quality medical treatment from pre-designated medical providers.

Effective August 15, 2005 the Coast District is implementing a Medical Provider Network (MPN) called "PRIME Advantage Medical Network". A Medical Provider Network is a network of physicians, some who primarily treat occupational injuries/illnesses and others who primarily treat non-occupational conditions. This network is designated to provide injured employees prompt access to medical treatment. Please Note: Failure to select a medical provider within the MPN could result in denial of your workers' compensation benefits.

If you choose to pre-designate your personal care physician in writing prior to being injured at work, clarification on the requirements and the Physician Pre-designation Form is available on line at the Coast Community College District's website:

[www.cccd.edu/facultystaff/riskservices/predesignation.pdf](http://www.cccd.edu/facultystaff/riskservices/predesignation.pdf).

Enclosed is an information pamphlet, "Covered Employee Notification of Rights Materials", which describes in detail the Coast District's PRIME Advantage Medical Network. This pamphlet outlines how to find a physician, how to obtain medical treatment, and other important information related to the network. We ask that you read this information very carefully.

If you are injured at work, please immediately report the injuries to your supervisor and the college personnel office (district site contact the Risk Services Department). If you have any questions regarding the PRIME Advantage Medical Network, how to obtain medical treatment, or any other questions pertaining to the MPN, please contact Dara Overholt, the MPN coordinator at Keenan and Associate at (800) 654-8102, extension 3730.

Coastline Community College		Golden West College		Orange Coast College	
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Environmental Health & Safety	(714) 438-4728	International Education	(714) 438-4703	Vocational Education / Institutional Research	(714) 438-4705

# Coast Community College District

## Workers' compensation: Pre-Designation of Personal Physician

If your employer offers group health insurance and you are injured on the job you have the right to be treated immediately by your personal physician (M.D., D.O) if you notify your employer, in writing, prior to the injury. Per Labor Code 4600 to **qualify as your pre-designated, personal physician, the physician must agree, in writing, to treat you for a work related injury,** must have previously directed your medical care and must retain your medical history and records. Your pre-designated physician must be a family practitioner, general practitioner, board certified or board eligible internist, obstetrician-gynecologist, pediatrician or a multi-specialty medical group, whose practice is predominantly for non-occupational injuries or illnesses.

This is an optional form that can be used to notify your employer of your personal physician. You may choose to use another form, as long as you notify your employer **in writing prior** to being injured on the job and provide **written verification** that your personal physician meets the above requirements and agrees to be pre-designated. Otherwise, you will be treated by one of your employers' designated worker's compensation medical providers.

**EMPLOYEE NAME:** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

I acknowledge receipt of this form and elect **not** to pre-designate my personal physician at this time. I understand that I will receive medical treatment from my employer's medical provider. I understand that, at any time in the future, I can change my mind and provide written notification of my personal physician. I understand that the written notification must be on file prior to an industrial injury.

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

If I am injured on the job, **I wish** to be treated by my personal physician\*

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Physician Address \_\_\_\_\_

\*This physician is my personal primary care physician who has previously directed my medical care and retains my medical history and records.

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

*A Personal Physician must be willing to be pre-designated and treat you for a worker's compensation injury. The remainder of this form is to be completed by your physician and returned to your Employer.*

### PERSONAL PHYSICIAN ACKNOWLEDGEMENT

Per Labor Code 4600 to qualify you must meet the criteria outlined above. You are not required to sign this form, however, if you or your designated employee, does not sign, other **written** 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).

PERSONAL PHYSICIAN NAME: \_\_\_\_\_

**I agree to treat** the above named employee in the event of an industrial accident or injury. I meet the criteria outlined above. I agree to adhere to the Administrative Director's Rules and Regulations, Section 9785, regarding the duties of the employee-designated physician.

**I do not agree to treat** the above employee in the event of an industrial accident or injury.

**I do not qualify as the employees' personal physician.** I am not an M.D. or D.O. or do not meet the criteria outlined above.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**\*PLEASE RETURN THIS FORM TO YOUR CAMPUS PERSONNEL OFFICE\***

**CAMPUS REPRESENTATIVES:**

COAST COMMUNITY COLLEGE DISTRICT OFFICE.....PATRICIA RUSSELL ~ 714 / 438-4864  
COASTLINE COMMUNITY COLLEGE .....CAROLYN LOY ~ 714 / 241-6146  
GOLDEN WEST COLLEGE .....CRYSTAL CRANE ~ 714 / 895-8785  
ORANGE COAST COLLEGE.....LAURY FRANCIS ~ 714 / 432-5670