Attachment 1

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.) if:

- your employer offers group health coverage (which you either have or are eligible to receive);
- 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;
- **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.)

_____
(Street address, city, state, ZIP)

_____
(Telephone number)

Employee Name **(please print)**: _____
Employee'sAddress:_____
Employee's
Signature_____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 does not sign, other documentation of the physician's agreement to be pre-designated will be required (to be provided to the District) pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3)

Attachment 2

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, (The District does not), 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 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.

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:_____

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