TULARE COUNTY PROBATION DEPARTMENT

Please see the following check-off list for required Workers' Comp forms.

Please select the appropriate checklist and make sure the corresponding & completed forms are faxed to 559/608-9019 or emailed to Rene' Longlee as soon as possible.

Seeking Medical Treatment

- ☐ DWC-1 – Workers' Compensation Claim Form
- ☐ Receipt of Employee Claim Form – DWC-1 Form
- ☐ Supervisors' Report
- ☐ Initial Lost Time Form
- ☐ Medical Authorization Form - (***The employee must circle clinic of choice***)

Declining Medical Treatment

- ☐ Supervisors' Report
- ☐ Medical Authorization Form ***(both pages***) – The employee must sign the bottom of page 2 declining treatment.

Seeking Treatment after Initially Declining

- ☐ Same forms as "Seeking Medical Treatment"
- ☐ Draw a line through signed "Declined Treatment" section on Medical Authorization form and write comment "Employee sought treatment" and the date the employee decided to do so

Motor Vehicle Accident

- ☐ Department Report of a Vehicle Accident
- ☐ Drivers' Report of Accident (***both pages***)

State of California

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

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

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: Tulare County Probation- JDF

1a. Policy Number:

2. MAILING ADDRESS: (Number, Street, City, Zip): 3241 W. Noble Visalia, Ca 93291

2a. Phone Number: (559) 735-1602

3. LOCATION if different from Mailing Address (Number, Street, City and Zip): 11200 Ave 368 Visalia, Ca 93291

3a. Location Code:

4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.: Corrections

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: 6:00 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 INJURY 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): 11200 Ave 368 Visalia, Ca 93291

20a. COUNTY: Tulare

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

Completed By (type or print)

Signature & Title

Date (mm/dd/yy)

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

• 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.

FILING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

SUPERVISOR REPORT OF EMPLOYEE ILLNESS OR INJURY

1. EMPLOYEE NAME **2. DEPARTMENT/AGENCY** **3. WORK LOCATION**

4. JOB TITLE **5. SEX** **6. DATE** **TIME OF DAY** **am/pm** **PLACE OF INJURY OR ILLNESS**

7. TIME SHIFT BEGAN **am /pm** **8. SUPERVISOR ON DUTY AT TIME OF INJURY/ILLNESS** **9. DATE REPORTED**

10. NATURE OF INJURY OR ILLNESS **11. BODY PART(S) AFFECTED**

12. WHAT WAS EMPLOYEE DOING WHEN INJURED? GIVE DETAILED EXPLANATION

13. DID AN UNSAFE CONDITION CONTRIBUTE TO THE INJURY? YES / NO EXPLAIN

14. DID EMPLOYEE COMMIT AN UNSAFE ACT? YES / NO EXPLAIN

15. TYPE OF MACHINERY / EQUIPMENT INVOLVED IN INJURY

15a. DEFECTIVE? YES / NO IF YES, PRESERVE EQUIPMENT/MACHINERY IN SECURE AREA

16. OTHER PERSONS INVOLVED? YES / NO GIVE NAMES, JOB TITLES, TELEPHONE NUMBERS, (USE ATTACHMENTS, IF NECESSARY)

17. ANY WITNESSES? YES / NO GIVE NAMES, JOB TITLES, TELEPHONE NUMBERS, (USE ATTACHMENTS, IF NECESSARY)

18. FACTORS THAT COULD HAVE CONTRIBUTED TO THE INJURY/ILLNESS:
____Not using available safety equipment ____Safety equipment not available ____Safety rule/practice violated ____Fatigue

____Inattention ____Inadequate instructions/training ____Improper attitude ____Lack of knowledge or skill ____Other

____/____/____/_____
18a. DATE OF LAST TRAINING ON THIS TOPIC

19. MEDICAL ATTENTION REQUIRED? **20. SOUGHT IMMEDIATELY?** **21. IF LATER, WHEN?**

22. NAME AND ADDRESS OF DOCTOR/CLINIC/HOSPITAL

23. DID EMPLOYEE LOSE A FULL SHIFT FROM WORK? **24. HAS EMPLOYEE RETURNED TO WORK?**

____/____/____/_____
25. DATE RETURNED

26. WHAT HAVE YOU DONE, AS A SUPERVISOR, TO PREVENT SIMILAR INJURIES? MUST BE COMPLETED.

SUPERVISORS PRINTED NAME **SIGNATURE** **DATE**

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.

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.

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.

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.* CA 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.* 11200 Ave 368 Visalia, CA 93291
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.* County of Tulare- Probation Department
11. Address. *Dirección.* 3241 W Noble Ave Visalia, CA 93291
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.* Institution Supervisor 19. Telephone. *Teléfono.* (559) 735-1588

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*

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 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.

RECEIPT OF DWC-1
Workers' Compensation Claim Form and Notice of Potential Eligibility

I hereby acknowledge that I have received an EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS form (DWC-1)

DATE REQUESTED by Employee:_____DATE RECEIVED by Employer:_____

DATE OF INJURY:_____

PRINT NAME:_____

DEPARTMENT:_____

SIGNATURE:_____

To obtain more information about Workers' Compensation you may contact your local state Information & Assistance Office of the Division of Workers' Compensation by calling (559)445-5355. For recorded information and a list of offices, call (800)736-7401. You may also visit the DWC website at: http://www.dir.ca.gov/DWC/dwc_home_page.htm

----------This section to be completed by Supervisor----------

Date of Employer's Knowledge of Injury:_____

TIME:_____

SIGNATURE OF SUPERVISOR:_____

SUPERVISOR PHONE NUMBER AND/OR EXT:_____

INITIAL LOST TIME FORM

TO: COUNTY RISK MANAGEMENT **DATE: _____**

FROM: _____ **DEPT: _____**

This memo is to advise you that the following employee was injured on-the-job, therefore I am providing you with the required information in addition to Form 5020, -"Employer's Report of Occupational Injury or Illness", DWC Form 1 – "Employee's claim for Workers' Compensation Benefits", "Medical Service Order" and "Supervisor's Report of Employee Injury".

Name of Injured Employee: _ _____

Date and Time of Injury: _____

Date Last Worked: _____

Employee leave credits as of date of injury:

Total Sick Leave Available: _____
Total Vacation Leave Available: _____
Total CTO Leave Available: _____

SUPERVISOR'S SIGNATURE/DATE: _____

While you are on a workers' compensation leave of absence:

The County will integrate accumulated sick, vacation, or compensatory time off hours while you are receiving temporary disability benefits. Sick vacation or compensatory time off hours will be charged only for the portion of salary difference between the workers' compensation temporary disability benefit amount and your full salary. The County's third party claims administrator works directly with payroll to verify the hours available. The County will issue your check on the normal bi-weekly pay date. Once sick, vacation, or compensatory time off hours are exhausted temporary disability benefits will be issued directly from the third party claims administrator.

Law Enforcement and Safety personnel will receive a maximum of 52 weeks of 4850 pay. After 4850 pay is exhausted County will integrate accumulated sick, vacation, or compensatory time off hours while you are receiving temporary disability benefits. Sick vacation or compensatory time off hours will be charged only for the portion of salary difference between the workers' compensation temporary disability benefit amount and your full salary. The County's third party claims administrator works directly with payroll to verify the hours available. The County will issue your check on the normal bi-weekly pay date. Once sick, vacation, or compensatory time off hours are exhausted temporary disability benefits will be issued directly from the third party claims administrator.

EMPLOYEE'S SIGNATURE/DATE: _____

COUNTY OF TULARE

Risk Management Division

2900 W. Burrel Ave
Visalia, California 93291
559-636-4950

AUTHORIZATION FOR INITIAL MEDICAL TREATMENT

Date: _____

Injured Employee: _____ Date of Injury: _____

Employee Address: _____

Employee reports an injury to (body part) _____

How did Injury Occur: _____

HR or WC Representative Completing Authorization: _____

*****Fax Medical Status to Corvel at (866) 449-6187 and Risk Management at (559) 713-3719*****

Medical Provider: Please examine and provide treatment to the employee deemed necessary as a result of the reported injury. County employees are required to keep their supervisor informed of their work status. Medical notes provided to the employee to give to their supervisor should not include private medical information such as diagnosis or treatment details such as prescriptions. Please specifically outline the work function to be modified or avoided so that modified or alternate work can be identified. If there are questions whether modified duty is available or regarding the facts of the injury call Tulare County Risk Management (contact information on page 2) for assistance.

Send the Doctor's First Report of Injury to:

Corvel Corporation
Policy Number: Permissibly Self Insured
P.O. Box 277550
Sacramento, California 95826
(916) 605-3800

County of Tulare
Risk Management
2900 W. Burrel Ave
Visalia, California 93291
(559) 636-4950 Fax (559) 713-3719

Utilization Review Fax (866)739-4352

County Medical Provider Network

Employee to Circle the facility they choose for Treatment

Visalia Locations:

Visalia Medical Clinic
Occupational Medicine/Quick Care
5400 W. Hillsdale Dr.
Visalia, CA 93291
(559) 738-7542
M-F 8 a.m. – 7 p.m.
Sat 8 a.m. – 5 p.m., Sun 9 a.m. – 1 p.m.

Sequoia Prompt Care
1110 S. Ben Maddox, Suite B
Visalia, CA 93291
(559) 624-4800
M-F 8 a.m. – 7 p.m., Sat 8 a.m. – 5 p.m.
Sun 9 a.m. – 2 p.m.
**Stress Claims not Accepted

Kings Medical Centers
5135 W. Noble St.
Visalia, CA 93277
(559) 931-9311
M-F 8 a.m. – 5 p.m.

Palm Occupational Medicine & Walk-In Clinic
235 E. Noble Ave.
Visalia, CA 93277
(559) 625-1710
M-F 7:30 a.m. – 6 p.m.
(on call after 6 p.m. & weekends)

Reedley Location:

Kings Industrial Medical Centers
936 G St. Suite B
Reedley, CA 93654
(559) 637-4426
M-F 8 a.m. – 5 p.m.

Porterville Location:

Morinda Medical Group
841 W. Morton Ave.
Porterville, CA 93257
(559) 781-8080
M-Th 8 a.m. – 5 p.m.
Fri 8 a.m. – 12 p.m.
(x-ray services not available in house)

Tulare Location:

Palm Occupational Medicine & Walk-In Clinic
1068 N. Cherry Ave
Tulare, CA 93274
(559) 684-7256
M-F 8 a.m. – 5:30 p.m.
(On call after 5:30 p.m. & weekends)

Hanford Locations:

Central Valley Comprehensive Care
869 W. Lacey Blvd
Hanford, CA 93230
(559) 582-2929
M-Th 8 a.m. – 5 p.m., Fri 8 a.m. – 4 p.m.

Kings Industrial Medical Centers
1028 N. Douty
Hanford, CA 93230
(559) 589-0800
M-F 8 a.m. – 5 p.m.

*All Frontline clinics provide in-house x-ray services, unless otherwise stated.

Emergency Treatment Facilities:

Kaweah Delta Healthcare District
400 W. Mineral King
Visalia, CA 93291
(559) 624-2215

Sierra View District Hospital
465 W. Putnam Ave
Porterville, CA 93257
(559) 784-8885

Adventist Health – Tulare
869 N. Cherry St.
Tulare, CA 93274
(559) 688-0821

I decline medical treatment at this time.

Employee's Name: _____

Signature:_____ Date: _____

Risk Management Contacts for Workers' Compensation

Nancy Chavira – Supervising Analyst – Modified Duty or questions about complex leaves 205-1208
Kami Rhinehart – Leave Analyst – Modified Duty or questions about complex Leaves 205-1213
Danny Mendes – Leave Analyst – Modified Duty or questions about complex Leaves 205-1214
Karen Lara – Risk Management Technician – Workers' Compensation 205-1217
Dana Berner – Risk Management Technician – Workers' Compensation 205-1218

To obtain more information about Workers' Compensation you may contact your local state Information & Assistance Office of the Division of Workers' Compensation by calling (559)445-5355. For recorded information and a list of offices, call (800)736-7401. You may also visit the DWC website at: http://www.dir.ca.gov/DWC/dwc_home_page.htm

Revised 3/16/20

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. COUNTY OF TULARE has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). The COUNTY OF TULARE's workers' compensation carrier is CorVel Corporation. 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 group of health care providers (physicians and other medical providers) used by COUNTY OF TULARE 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).

- **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 can get the list of MPN providers by calling the MPN contact or by going to our website at:
http://www.corvel.com/provider_lookup/findProvider/SearchParams.aspx
No password is necessary.
You also have the right to a complete listing of all of the MPN providers upon request.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest emergency room.
If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. 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.

- **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.

- **What standards does the MPN have to meet?**

The MPN has providers for the greater County of Tulare Geographic area.

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 MPN must provide access to primary physicians within 15 miles and specialists within 30 miles. If you live in a rural area there may be a different standard.

The MPN must provide initial treatment within 3 days. You must receive specialist treatment within 20 days of your request. If you have trouble getting an appointment, contact the MPN.

- **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 who has ongoing workers' compensation obligations and who 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 MPN for assistance in finding a physician or for additional information.

- **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.

- **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 the MPN and tell them you want a second opinion. The MPN 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 MPN Contact of your appointment date, and the MPN 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 <u>not</u> 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. 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 <u>not</u> 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 <u>Independent Medical Review (IMR).</u> Your employer or MPN contact person will give you information on requesting an Independent Medical Review and a form at the time you request a third opinion.

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

If the Independent Medical Reviewer supports your need for a treatment or test you may receive that care from a doctor <u>inside or outside</u> of the MPN.

- **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 predesignated 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)** 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, 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, 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 continuing 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 box above, ***"Can I Continue Being Treated By My Doctor?"***

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 Continuity of Care policy, ask your MPN Contact.

- **What if I have questions or need help?**

- **MPN Contact:** You may always contact the MPN Contact if you need help or an explanation about your medical treatment for your work-related injury or illness.

  Name: Mark Kohnen
  Title: _ Claims Supervisor
  Address: Post Office Box 277550, Sacramento, CA 95827
  Telephone Number: (916) 605-3919
  Email address: mark_kohnen@corvel.com

Employer's MPN website: http://www.corvel.com/provider_lookup/findProvider/SearchParams.aspx

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

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

Workers' Compensation Benefits Booklet

New Employee Orientation

Risk Management Division

2900 W. Burrel Ave.

Visalia, California 93291

(559) 636-4950

Risk Management Division

2900 W. Burrel Ave

Visalia, California 93291

(559) 636-4950

Workers' Compensation Benefits

Sustaining an injury or illness on the job, whether slight or serious, is an unpleasant experience for anyone. In addition to the injury itself, you may have worries about medical treatment and financial loss. We hope that this handout will help eliminate some of those worries.

The California Workers' Compensation Law requires every employer to provide its employees with Workers' Compensation coverage. This coverage guarantees prompt and automatic benefits to employees injured on the job or who incur a job-related illness. Benefits are in the form of medical care, disability payments and may include vocational rehabilitation benefits.

The County of Tulare is self insured for its Workers' Compensation program. CorVel Corporation administers the County's Compensation Benefits Program.

WHO IS ELIGIBLE FOR COVERAGE?

All County employees have protection under the Workers' Compensation Law, including part-time and temporary workers. Volunteers are also eligible for coverage.

WHEN AM I ELIGIBLE FOR COVERAGE?

Workers' Compensation coverage begins the first minute you are on the job and continues any time you are working while in the course and scope of employment. You do not have to be employed for a certain length of time, nor do you have to earn certain amount of wages before you are protected.

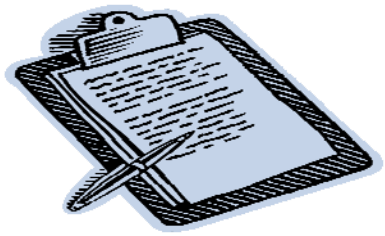
IF I AM INJURED, HOW DO I APPLY FOR THE BENEFITS?

Upon reporting an injury, and confirmation that you sustained a compensable work-related injury, benefits are automatic and are applied according to State Law. It can take up to 90 days to determine eligibility for lost time benefits. You are entitled to medical care immediately from the first date of your injury.

You should report your injury to your immediate supervisor. Your supervisor will then submit a "Supervisors Report of Employee Injury/Illness", and give you an "Employee Claim form" (DWC Form 1) to complete. You must complete a claim form (DWC-1) to initiate the process of filing a claim.

DO I NEED TO FILL OUT ANY FORMS?

Yes, you are responsible to complete the employee section of the Employee's Claim for Workers' Compensation Benefits Form. You must complete this form as soon as possible to protect and enforce certain rights and privileges you have available under California's Workers' Compensation Laws. After completing this form, return it to your supervisor, or mail it to Tulare County Risk Management, 3530 West Mineral King Suite E, Visalia California 93291. If you're placed on temporary disability, an "Initial Lost Time Form" must be completed by you documenting the election of leave to be integrated with your workers' compensation benefits. Failure to complete the necessary forms may jeopardize your rights or cause delay in the issuance of benefits.



CAN I GO TO MY OWN DOCTOR?

Yes, if you have a valid pre-designation on file your personal physician can treat you for a work related injury. You must notify the County of Tulare in writing by completing the Pre-Designation of Personal Physician Form before an injury occurs. The doctor which you pre-designate must have previously directed your medical treatment and retain your medical records, including your medical history. But, if your doctor is not immediately available, don't wait. Go to one of the listed facilities for immediate attention. If you become dissatisfied with the medical treatment, you may request a change in medical providers by contacting your claim examiner. A change in medical providers or a second opinion must be authorized in advance.

CAN I CHANGE TREATING PHYSICIANS?

Yes. You must first see a physician listed on the Front Line Provider list for the initial visit. After the first visit you may contact your claim examiner and request a change of treating physicians. It is important to communicate with your claim examiner when you wish to change treating physicians. Failure to do so may result in a delay of your workers' compensation benefits.

WHAT TYPE OF INJURIES ARE COVERED?

All injuries are covered if they are caused by your job, not just serious accidents, but even minor ones. All job injuries are to be reported to your supervisor, even if they are minor and do not require treatment by a doctor. A slight cut on your finger may become infected and require treatment. Sometimes there are questions about the cause of an illness. The treating doctor determines if the injury/illness is related to your work.

WHAT TO DO IF I AM INJURED?

Report your injury to your supervisor immediately. If medical care is needed you will be authorized to seek care with one of the frontline providers listed on this form. Your supervisor will then complete the necessary paperwork. Should you have any questions regarding the claims process, call Risk Management at 623-0280.

FRAUD

Anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to $150,000 and sent to prison for up to five years (Insurance Code Section 1871.4).

To obtain more information about Workers' Compensation you may contact your local state Information & Assistance Office of the Division of Workers' Compensation by calling (559)445-5355. For recorded information and a list of offices, call (800)736-7401. You may also visit the DWC website at: http://www.dir.ca.gov/DWC/dwc_home_page.htm

WHO PAYS FOR MEDICAL TREATMENT?

The doctor or hospital will bill the County through CorVel. This includes the cost of the doctor, hospital, x-ray, crutches, lab work and other services and supplies the doctor prescribes to treat your injury. You can also be reimbursed for mileage to and from any medical facility for treatment. Submit a statement to CorVel showing the dates of treatment and the mileage involved. You should not incur any out of pocket costs.

WHEN AM I ELIGIBLE FOR A REHABILITATION PROGRAM?

If you are unable to return to work as the result of a work-related injury, you may be eligible for a Supplemental Job Displacement Voucher. First the County will engage in the interactive process to seek a reasonable accommodation on a permanent basis. If this is not possible, you may be entitled to a Supplemental Job Displacement Voucher. If you have any questions regarding your entitlement to workers' compensation benefits for your injury, please contact any of the following:

CorVel Corporation
P.O. Box 277550
Sacramento, California 95827
(916)-605-3800

County of Tulare/Risk Management Division
2900 W. Burrel Ave
Visalia, CA 93291
(559) 636-4950

WHAT DO I TELL THE DOCTOR OR HOSPITAL WHEN I GET TO THE MEDICAL FACILITY?

Simply provide the receptionist with the Medical Treatment Authorization Form which has been signed by your supervisor. Advise the doctor's office or hospital emergency room that your injury occurred on the job and the circumstances regarding your injury. The medical provider may ask for the name of your employer or insurance carrier. You should advise the medical provider of your status as a County employee and the medical reports/bills should be sent to:

CorVel Corporation
P.O. Box 277550
Sacramento, California 95827
(916)-605-3800

WHERE DO I GO FOR MEDICAL TREATMENT?

Dial 911 for an Emergency

Clinics—Visalia

Visalia Medical Clinic
5400 W. Hillsdale Dr.
Visalia, CA 93291
(559) 738-7542

Palm Occupational Medicine & Walk In Clinic
235 E. Noble Ave.
Visalia, CA 93277
(559) 625-1710

Sequoia Prompt Care
1110 S. Ben Maddox, Suite B
Visalia, CA 93291
(559) 624-4800

Clinic—Hanford

Central Valley Comprehensive Care
869 W. Lacey Blvd.
Hanford, CA 93230
(559) 582-2929

Clinic—Tulare

Palm Occupational Medicine & Walk In Clinic
1068 North Cherry Avenue
Tulare, CA 93274
(559)684-7256

Clinics—Reedley

Kings Industrial Occupational Medical Center, Inc.
936 G Street, Suite B
Reedley, CA 93654
(559) 637-4426

Clinic—Porterville

Morinda Medical Group
841 W. Morton Ave.
Porterville, CA 93257
(559) 781-8080

Hospitals

Kaweah Delta Healthcare District
400 W. Mineral King
Visalia, CA 93291
(559) 624-2215

Sierra View District Hospital
465 W. Putnam Ave.
Porterville, CA 93257
(559)784-8885

Adventist Health–Tulare
896 N. Cherry St.
Tulare, CA 93274
(559) 688-0821

IF THE DOCTOR TELLS ME TO TAKE OFF WORK, WHAT HAPPENS TO MY INCOME AND BENEFITS?

It is your responsibility to advise your supervisor of your work status. It will be necessary that you provide a medical note from your primary treating physician immediately if you should become disabled or placed on light duty. Workers Compensation law provides for partial replacement of lost wages in the form of temporary disability benefit. These payments may be provided as long as the primary treating physician reports you are unable to work due to a work related injury. There may be further payments provided after you return to work if the doctor reports that you have a permanent impairment or restriction as a result of a work related injury.

Your health benefits will continue to be in effect as long as you receive temporary disability payments or Labor Code 4850 payments. Integration of comp time leave or vacation/sick leave is available only while on Temporary Disability, as long as there is leave time available to integrate. You must continue to be a County employee for this benefit.

Time taken off from work for doctor's appointments and physical therapy is not reimbursed by temporary disability payments. Lost time is deducted from your sick leave unless your department allows you to make up time. Tulare County has a policy that employees must use sick leave for all medical appointments. An employee will not be eligible for the vacation donation program if they are receiving Workers Compensation or Labor Code 4850 payment.

HOW MUCH ARE TEMPORARY DISABILITY PAYMENTS AND WHEN ARE THEY PAID?

Temporary disability payments begin after the first three days you are off work due to a work related injury unless you are hospitalized. If hospitalized you will be eligible for temporary disability immediately. Your salary will continue during this three-day period with the use of any vacation/sick leave you may have accrued. After this three-day period, the County will continue to use your sick leave to supplement your workers' compensation benefit payments for the length of time you continue to be off work or until you exhaust your leave benefits. If you run out of sick leave, you may elect to utilize your comp time or vacation time to supplement your income; you must complete a lost time form indicating your benefit integration choice. This form is called an "Initial Lost Time Form" and needs to be completed for all lost time claims.

This helps extend your time and keeps your benefits as a County employee in force. If you do not utilize your comp time or vacation and exhaust sick leave, you will receive the temporary disability benefit check directly from CorVel. Duplicate payments of disability from CorVel must be reported to County Risk Management immediately. If an overpayment occurs, you will be required to reimburse the overpayment to the County of Tulare.

"EXCEPTION TO ABOVE REGARDING L.C. 4850 BENEFITS"

Law Enforcement Officers who are disabled are entitled to a leave of absence while so disabled without loss of salary or waiting period in lieu of temporary disability payments or maintenance allowance payments. However, there is a one year statue of limitations for these benefits.

WHAT ABOUT F.M.L.A./C.F.R.A. AND WORKERS' COMPENSATION BENEFITS?

The time off work due to a job related injury or illness will run concurrent with Family or Medical Leave (FMLA)/California Family Rights Act Leave (CFRA).

WHAT IF I CAN RETURN TO LIGHT OR MODIFIED DUTY?

The County of Tulare will not discriminate against any qualified individual with a disability, and shall make reasonable accommodations that will enable the employee to perform the essential functions of an available job, unless the accommodation would impose an undue hardship on the County's operations. If you are released to perform modified work, give your supervisor a note from your doctor which shows your work restrictions. If your supervisor is unable to determine whether an accommodation is possible, the Disability Management Specialist will assist.

WHAT IF MY CLAIM IS REJECTED?

Most job injury claims are handled routinely. The benefits are statutory. If you have questions regarding your entitlement to benefits, contact County Risk Management or your claim examiner. They will attempt to provide you with the information and explanation you need. You may also contact the State of California Office of Information and Assistance. The number for the Fresno office is (559) 445-5355.

If you choose to consult with legal counsel, he/she may suggest that an Application for Adjudication be filed with the Workers' Compensation Appeals Board. The Appeals Board is a court of law. You may represent yourself, or you may have counsel represent you. If counsel represents you, his/her fee is fixed by the Appeals Board and is deducted from any benefits awarded you by the Appeals Board.

WHAT IF MY INJURY REQUIRES LIFETIME MEDICAL TREATMENT OR PERMANENTLY DISABLES ME?

If a doctor determines the injury requires lifetime medical treatment or causes a permanent disability and limits your physical ability to perform as you did prior to the injury, you may be entitled to an award for Future Medical Care or a permanent disability benefit. The amount of the award is usually paid over a set number of weeks or months. You or the County have a right to contest the permanent disability rating. (559) 445-5355