



**COUNTY ADMINISTRATIVE OFFICE
RISK MANAGEMENT DIVISION
COUNTY OF HUMBOLDT
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Eureka, CA 95501
(707) 268-3669 Fax: (707) 268-2546**

PREDESIGNATION OF PHYSICIAN FORM

In the event of a work related injury or illness, I request to be treated by my personal physician. I understand this designation must be made prior to the date of injury.

The physician I selected meets the following criteria:

- Within a reasonable geographical area from residence or work location.
- A Licensed Physician pursuant to Chapter 5 of Division 2 of the Business and Professions Code.
- Previously directed my treatment and is my regular physician.
- Retains my treatment records including my medical history.
- Agrees prior to the injury to be designated as my physician in the event an industrial injury occurs.

If my personal physician is not qualified to treat the injury or declines to provide treatment my employer will direct my treatment to an appropriate physician.

My personal physician must review and sign the enclosed criteria form with me. Both forms must be completed prior to any date of injury in order for this pre-designation to be valid.

Please print clearly

Employee Name: _____ Social Security No: _____

Pre-designated Physician's Name: _____

Doctor's Address: _____

Doctor's Telephone Number: _____

Employee Signature: _____ Date: _____

LC Section 4600 (d) if an employee has notified his or her employer in writing prior to the date of injury that he or she has a personal physician, the employee shall have the right to be treated by that physician from the date of injury if the physician is the employee's regular physician and surgeon, licensed pursuant to Chapter 5 of Division 2 of the Business and Professions Code. The physician is the employee's primary care physician and has previously directed the medical treatment of the employee, and who retains the employee's medical records, including his or her medical history. The physician needs to agree to be pre-designated.

PHYSICIAN’S AGREEMENT TO CRITERIA FOR PREDESIGNATION

Employee: _____

1. I am a physician who is licensed pursuant to Chapter 5 of Division 2 of the Business and Professions Code.
2. I have previously directed medical care of this employee and am his/her regular physician.
3. I retain the employee’s medical treatment records, including his or her medical history.
4. I agree to treat this employee for a work related injury.
5. I have signed this agreement prior to the employee sustaining an industrial injury.
6. I understand my reporting requirements outlined by Rules and Regulation 9785 through 9785.5.
7. I understand that per LC 4604.5 and LC 4610 that my treatment request will be reviewed by a Utilization Review Department to determine medical necessity in accordance with the American College of Occupational and Environmental Medicine. Further, this guideline can be utilized to approve, modify, delay or deny my medical treatment.
8. I acknowledge the application of the Official Medical Fee Schedule to my charges relating to medical treatment for this work related injury.

I, _____ am a physician and I have read and certify that I meet and will adhere to the requirement listed above as the pre-designated personal physician for _____.

Physician’s Signature: _____ **Date:** _____

Pre-Designated Physician Form FAQ's (Frequently Asked Questions)

1. Do I have to fill this out

No, this is purely voluntary.

2. What happens if I don't fill it out?

If you do not fill out the pre-designation form and are injured on the job, you will treat with whomever the County has elected to provide occupational medicine services.

3. My primary care physician does not treat workers' comp injuries. What do I do?

The only physician who can be legally designated is the physician previously designated as your primary care physician through your group medical coverage. If your personal physician does not treat workers' comp patients, then you will treat with St. Joseph Urgent Care or the closest designated medical facility.

4. Can I pre-designate a chiropractor or acupuncturist?

No, the workers' compensation Legislation passed in 2004 is specific that your pre-designated physician must be a physician or a surgeon.

5. I just changed doctors and have not even seen my new doctor. Can I still pre-designate him/her?

Yes, you should have your new physician sign the form.

6. Will a faxed copy of this form be adequate?

Yes, once your doctor signs the form, it can be faxed to you and we will accept that in our office.

7. What if I forget who I designate?

We will keep a copy of your pre-designation on file in Risk Management.

8. What if I change physicians next year?

These forms will be available on the County's intranet site or from Risk Management. Simply have your new physician sign the form, send it to us, and we will update our records.

9. What if there is an emergency situation and my physician can't see me?

If an injury is life threatening, 911 should be called. If the injury needs to be seen immediately but does not rise to the level of a 911 call, or is after hours, you may seek treatment at the nearest emergency room. If the injury is not life threatening, and does not need imminent treatment, then you can seek treatment at our occupational medicine provider, St. Joseph Urgent Care located at 2200 Harrison Avenue in Eureka.