

CALIFORNIA SCHOOL EMPLOYEES ASSOCIATION
Notice of Election to be Treated by Personal Physician

TO: _____
School district/employer

ATTN

Address

City Zip

FROM: _____
Name of employee

In the event that I sustain a job-related illness or injury, I designate my personal physician to provide medical care immediately after the injury, and for the purpose of all related care, as appropriate, for the duration of my treatment for that illness or injury. By making this request, I am not waiving my right to immediate, appropriate and adequate emergency medical treatment in instances where my personal physician is unavailable, nor am I waiving my right to be referred to specialists or other providers as necessary.

PHYSICIAN:

Physician's name or medical facility

Address

City Zip

(_____) _____
Telephone number

Physicians signature (optional)

The above doctor is my regular, primary care physician and has agreed to be pre-designated for workers' compensation.

This notice and election shall remain in full force and effect until revoked in writing by the undersigned employee.

Employee name (type or print) _____
Employee signature

Date: _____

Receipt of this notice acknowledged this _____ day of _____, 20_____.

Instructions: In accordance with the new workers' compensation reform law enacted April 19, 2004, as it amends Labor Code Section 4600, if your employer provides group health coverage, you are allowed to pre-designate your primary care physician as your personal physician for your workers' compensation medical treatment. The physician you pre-designate must be your regular, primary care physician. Prior to signing the form, you must check with your physician to make sure they agree to be pre-designated for workers' compensation. **If you pre-designate your personal physician, you will be allowed to be treated by this doctor immediately after you are injured. If you fail to pre-designate your personal physician, your employer may select a physician for you from the date of injury.**