

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Discrimination:

It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

General Information:

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement—their number can be found in your local White Pages under California State Government, Department of Industrial Relations.

You can get free information from a State Division of Workers' Compensation Information & Assistance Officer. The nearest Information & Assistance Officer is at:

Address _____

City _____

Phone _____

Hear recorded information and a list of local offices by calling toll-free (800) 736-7401. Learn more online at www.dir.ca.gov

Workers' Compensation Fraud

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 and may be fined and imprisoned.

Warning

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social, or athletic activity that is not part of your work-related duties.



Gallagher Bassett Services, Inc.

**WHAT YOU NEED TO
KNOW ABOUT
WORKERS' COMPENSATION**

Prepared and published by:



Gallagher Bassett Services, Inc.

Workers' Compensation Benefits

Include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays and medicines that are reasonably necessary to treat your injury. You should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits are limited to the time period of 104 aggregate weeks within 5 years from date of injury, effective 1/1/08. A timely filing with the Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.
- **Permanent Disability (PD) Benefits:** Payments if your injury causes a permanent disability.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher payable to a state approved school if you are injured on or after 1/1/04, the injury results in a permanent disability, you don't return to work within 60 days after TD ends, and your employer does not offer modified or alternative work.
- **Death Benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness along with a burial allowance.

Get Medical Care:

If you need first aid, contact your employer. If you need emergency care, call for help immediately.
Emergency phone numbers:

Ambulance _____ Fire Dept. _____
Police _____ Doctor _____
Hospital _____

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposure (such as hurting your wrist from doing the same motion over and over).

Report Your Injury:

Report the injury immediately to your supervisor or to:

Employer Representative _____
Phone number _____

Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after an employee files a claim form, the employer shall authorize the

provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).

See Your Primary Treating Physician (PTP):

This is the doctor with overall responsibility for treating your injury or illness. If you named your personal physician before injury (attached on right), you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. If you predesignated a personal chiropractor (DC) or acupuncturist (L.AP.), you may be able to change to that physician within the first 30 days, see attached physician Predesignation Form. After January 1, 2007, you may use the attached form to predesignate a multispecialty medical group of doctors of medicine and osteopathy as your personal physician. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a Medical Provider Network (MPN). Contact your employer for more information.

Medical Provider Networks (MPN) - Your employee may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employee is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. You can request a copy of this notice by calling the MPN number below. If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor. If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

Current MPN's toll free number: _____
MPN website: _____
MPN Effective Date: _____
Current MPN's address: _____

Claims Administrator: Gallagher Bassett Services, Inc.

Address _____

City _____ State _____ Zip _____

Phone _____

Policy Expiration Date _____

The employer is insured for workers' compensation by _____

(Enter "self-insured" if appropriate)

Physician Predesignation

You can be treated immediately by your personal medical doctor (M.D.) or a doctor of osteopathy (D.O.) if:

- your employer offers group health coverage;
- the doctor has treated you in the past and has your medical records;
- prior to the injury the doctor agreed to treat you for work injuries or illnesses and you gave your employer the doctor's name and address in writing. This is called "predesignating a personal physician."
- If you give your employer the name and address of a personal chiropractor (D.C.) or acupuncturist (L.AP.) in writing prior to the injury or illness, your claims administrator will arrange treatment with another doctor, then you may switch to the chiropractor or acupuncturist upon request during the first 30 days after your employer knows of your injury or illness. You can notify your employer of a physician pre-designation by completing the following form and returning it to your employer. Forms are also available online at www.dir.ca.gov.

To: (name of employer) _____

If I have a work-related injury or illness, I choose to be treated by:

(Name of doctor or medical group) _____ Circle one (M.D., D.O., D.C., L.Ac.)

(street address) _____

(city, state, zip) _____

(telephone number) _____

I understand that this doctor must have treated me in the past and must maintain my medical records.

Employee Name (please print) _____

Employee _____

Signature _____

Date _____

Employee I.D. Number _____

Physician: Complete this section. I agree to treat the above named individual should they have a work injury or illness. I understand that medical services in the California workers' compensation system are subject to preauthorization of non-emergency services and diagnostic tests, utilization review, reporting requirements, and fees governed by the Official Medical Fee Schedule promulgated by the Division of Workers' Compensation.

Physician Name (please print) _____

Physician Signature _____

Date _____

(Detach)

Note: The M.D. or D.O. 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 pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).