



FARMERS[®]

CALIFORNIA WORKERS' COMPENSATION MEDICAL TREATMENT
PRE-DESIGNATION FORM

****California law requires this form to be given to all employees**
(Photocopy this blank form as needed)**

Every employee has a right, under specific conditions (see below), to designate his/her doctor for treatment in case of an industrial injury. The doctor must have treated the employee previously and also have the employee's medical records.

If you do not wish to pre-designate a doctor, or if you do not have a personal doctor, in case of a job related injury, we will arrange for prompt medical treatment with a doctor at no cost to you. These doctors are experienced in treating job related injuries.

Please make your choice where indicated below then sign and date the form. You must also obtain your doctor's signature and then return this form to your employer.

.....
____ I do not wish to pre-designate ____ I wish to pre-designate (please complete below)

Name of doctor: _____

Address: _____

Telephone: _____

Date: _____ Signature of employee: _____

Please print name: _____

Name of employer: _____

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Pre-Designation: If *all* of the following requirements are met, an employee may pre-designate a doctor for treatment of an industrial injury:

- 1) The employee has notified the employer in writing prior to the injury.
- 2) The doctor is the employee's primary care doctor, has previously directed the employees' treatment, and has retained the employees' records.
- 3) The physician agrees to the pre-designation. If the physician does not agree then an MPN physician must treat your occupational injuries.
- 4) The employer provides non-occupational health coverage pursuant to Labor Code 4600.
- 5) The employee is within the 7% of California employees allowed to pre-designate.

I AGREE TO BE THE PRE-DESIGNATED DOCTOR.

Date: _____ Signature of Doctor: _____