

NOTICE OF WORKER'S COMPENSATION PROCEDURES

This is to certify that I have read and understand the WORKERS' COMPENSATION PANEL OF PHYSICIANS notice. .

I understand that when I am involved in an on-the-job injury, my employer will pay medical costs for treatment by the physician(s) I select from the Panel of Physicians. If I desire to obtain medical services from a physician not listed on the Panel, I may do so; however; I will be liable for those medical expenses. The physician selected from the Panel may arrange for appropriate consultations, referrals, and other specialized medical services, as the nature of the injury requires. If I am dissatisfied with the physician selected, I may make one change without permission to a second physician also listed on the Panel. Upon notification of the employer, an Independent Medical Examination may be elected as set forth by the law. However, any further changes require the permission of the employer/insurer, self-insurer claims office, of the State Board of Worker Compensation.

In the case of a bona-fide emergency involving severe injury or when a Panel Physician is not available, I should seek medical care from the nearest Hospital Emergency Room. However, all follow-up must, thereafter, be rendered by a **physician from the Panel, or a Panel Physicians' referral.**

I further understand that I must notify my supervisor or a member of my department's administrative staff or the Personnel Office as soon as the injury occurs, regardless of the extent of the injury, and when possible, prior to seeking treatment. I understand that the treating physician will verify my employment and eligibility for treatment with my employer before commencing treatment unless **the nature of the injury so prohibits. Delay in notification may result in denial of payment** for medical services rendered. .

Please print name

Signature of Employee

Date

Signature of Witness

Date