

## INSTRUCTIONS FOR PREDESIGNATION OF PERSONAL PHYSICIAN

If you wish to predesignate your primary care physician to be your treating doctor in the event of a work-related injury or illness, you must have the attached form on file in Safety, Risk & Sustainability **prior** to an injury or illness.

1. Complete the top portion of the Predesignation form, sign and date the form.
2. Take the form to your physician for approval and signature.
3. Give the attached "Duties of the Primary Treating Physician" to your physician.
4. After your doctor has signed, return the completed form to:

California State University San Marcos  
Attn: Workers' Compensation Claims Coordinator  
Safety, Risk & Sustainability  
333 S. Twin Oaks Valley Rd, Suite 3106  
San Marcos, CA 92096

Please be aware that **only your primary care physician or surgeon** may be predesignated. Chiropractors and acupuncturists are not eligible for predesignation as a treating physician for a work-related injury/illness.

Under LC 4601, after the first 30 days of medical treatment, if you wish to request a change in treating physician, you may do so by contacting either the claims adjuster at the insurance carrier's number or the claims coordinator in Safety, Risk & Sustainability. A list of doctors will be provided to you. If you have a notification form for a personal chiropractor on file prior to the date of injury, your chiropractor's name will be included, if appropriate, in the list of doctor's.

If you have any questions, please contact the Workers' Compensation Claims Coordinator in Safety, Risk & Sustainability at (760) 750-4502.



# Cal State San Marcos

CALIFORNIA STATE UNIVERSITY, SAN MARCOS

SAN MARCOS, CA

## EMPLOYEE PREDESIGNATION OF PERSONAL PHYSICIAN

Please return completed, signed form to: California State University San Marcos, Attn: Workers' Compensation Claims Coordinator, Safety, Risk & Sustainability

The California Labor code grants an employee, who has sustained an occupational injury or illness, the right to medical care. Labor Code Sec. 4600(d) permits you, the employee, the right to be treated by a "personal physician", if the physician is designated prior to the injury or illness. A personal physician must meet all of the following conditions:

1. **The physician is your regular physician licensed as an M.D. or D.O.**
2. **The physician is your primary care physician and has previously directed your medical treatment and who retains you medical records, including your medical history.**
3. **The physician agrees to be pre-designated and agrees to follow requirements of the treating physician as stated in Title 8, CCR Sec 9785. A copy of Sec. 9785 is attached and is to be given to your physician when he/she signs this form.**

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**PLEASE TYPE OR PRINT CLEARLY:**

Employee Name: \_\_\_\_\_  
(Last, First, MI)

Employee Health Care Plan: \_\_\_\_\_

Name of Primary Care Physician: \_\_\_\_\_

Physician Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

This document identifies my personal primary care physician. In the event a job-related injury or illness occurs after the date of this notification and during the course of my employment with California State University San Marcos, I understand that I may be treated by my personal primary care physician as of the date of injury. I understand that personal physician means "my regular physician and surgeon, licensed pursuant to Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code (this does not include chiropractors or acupuncturists), who has previously directed my medical treatment and who retains my medical records, including my medical history."

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ACKNOWLEDGMENT OF PERSONAL PHYSICIAN:**

I hereby agree to be the designated treating physician for the above employee in the event of a work-related injury or illness. I agree to follow the requirements of the treating physician as outlined in Title 8, CCR Sec 9785 and have received a copy of the requirements. I further certify that I am the employee's regular primary care physician, have previously directed his/her medical treatment and retain their medical records including medical history.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTICE:** California Workers' Compensation Laws are currently in a state of transition, and the extent to which an employee may pre-designate a personal physician is unclear. Until the full impact of SB899 becomes known, the University reserves the right to manage an employee's medical treatment to the extent permitted under the law as interpreted at the time of injury/illness. The University will continue to provide you with information concerning your right to pre-designate as more information becomes known about the legislative changes resulting from passage of SB899.

(a) For the purposes of this section, the following definitions apply:

- (1) The “**primary treating physician**” (PTP) is the physician who is primarily responsible for managing the care of an injured employee and who has examined the employee at least once for the purpose of rendering or prescribing treatment and has monitored the effect of the treatment thereafter.
- (2) A “secondary physician” is any physician other than the PTP who examines or provides treatment to the injured employee, but is not primarily responsible for continuing management of the care of the injured employee.
- (3) “Claims administrator” is a self-administered insurer providing security for the payment of compensation required by Divisions 4 and 4.5 of the Labor Code, a self-administered self-insured employer, or **\*third-party administrator for a self-insured employer** (\*NOTE: the CSU is self-insured and employs a third-party administrator to adjust workers’ compensation claims), insurer, legally uninsured employer or joint powers authority.

(b) There shall be no more than one primary treating physician at a time.....

(c) The PTP, or a physician designated by the PTP, shall make reports to the claims administrator as required in this section. A PTP has fulfilled his or her reporting duties under this section by sending one copy of a required report to the claims administrator. However, a claims administrator may designate any person or entity to be the recipient of the required reports.

(d) The PTP shall render opinions on all medical issues necessary to determine the employee’s eligibility for compensation in the manner prescribed in subsections (e), (f), and (g) of this section. The PTP may transmit reports to the claims administrator by mail or FAX or by any other means satisfactory to the claims administrator, including electronic transmission.

(e) (1) **Within 5 working days following initial examination**, a PTP shall submit a written report to the claims administrator on the form entitled “Doctor’s First Report of Occupational Injury or Illness”, Form DLSR 5021..... On line 24 of the First Report, or on the reverse side of the form, the physician shall (A) list methods, frequency, and duration of planned treatment(s), (B) specify planned consultation or referrals, surgery or hospitalization and (C) specify the type, frequency and duration of planned physical medicine services (e.g., physical therapy, manipulation, acupuncture).

(2) Each new PTP shall submit a form DLSR 5021 following the initial examination.

(3) Secondary physicians, physical therapists, and other health care providers to whom the injured employee is referred shall report to the PTP in the manner required by the PTP.

(4) The PTP shall be responsible for obtaining all of the reports of secondary physicians and shall incorporate, or comment upon, the opinions of the other physicians in the PTP’s report and submit all of the reports to the claims administrator.

(f) A PTP shall promptly report to the claims administrator when any one or more of the following occurs:

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- (1) The employee's condition undergoes a previously unexpected significant change.
  - (2) There is any significant change in the treatment plan reported, including, but not limited, to, (A) an extension of duration or frequency of treatment, (B) a new need for hospitalization or surgery, (C) a new need for referral to or consultation by another physician, (D) change in methods of treatment or in required physical medicine services, or (E) a need for rental or purchase of durable medical equipment or Orthotic devices.
  - (3) The employee's condition permits return to modified or regular work.
  - (4) The employee's condition required him or her to leave, work, or requires changes in work restrictions or modifications;
  - (5) The employee is discharged;
  - (6) The PTP concludes that the employee's permanent disability precludes, or is likely to preclude, the employee from engaging in the employee's usual occupation or the occupation in which the employee was engaged at the time of the injury, as required pursuant to Labor Code Section 4636(b);
  - (7) The employer reasonable requests additional appropriate information;
  - (8) When ongoing treatment is provided, a progress report shall be made no later than 45 days from the last report of any type under this section even if no event described in paragraphs (1) to (7) has occurred.

Reports required under this subdivision shall be submitted on the "Primary Treating Physician's Progress Report form (Form PR-2) contained in Section 9785.2, or in the form of a narrative report. If a narrative report is used, it must be entitled, "Primary Treating Physician's Progress Report" in bold-faced type, must indicate clearly the reason the report is being submitted, and must contain the same information using the same subject headings in the same order as Form PR-2.

By mutual agreement between the physician and the claims administrator, the physician may make reports in any manner or form.

- (g) When the PTP determines that the employee's condition is permanent and stationary, the physician shall report any findings concerning the existence and the extent of permanent impairment and limitations and any need for continuing or future medical care resulting from the injury. The information may be submitted on the "Primary Treating Physician's Permanent and Stationary Report" (Form PR-3) contained in Section 9785.3, or using the instructions on the form entitled "Treating Physician's Determination of Medical Issues Form," Form IMC81556, or in such other manner as provides all the information required by Title 8, California Code of Regulations, Section 10606. Qualified Medical Evaluators (QME) and Agreed Medical Evaluators (AME) may not use Form PR-3 to report medical-legal evaluations.
- (h) Any controversies concerning this section shall be resolved pursuant to Labor Code Section 4603 or 4604, whichever is appropriate.
- (i) Claims administrators shall reimburse primary treating physicians for their reports submitted to this section as required by the Official Medical Fee Schedule.