



## Notice to Employees--Injuries Caused By Work

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 exposures (such as hurting your wrist from doing the same motion over and over).

**Benefits.** Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

**Naming Your Own Physician Before Injury or Illness (Predesignation).** You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

### If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. 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 with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
  - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
  - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
  - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. You may consult a licensed attorney to advise you of your rights under workers' compensation laws. In most instances, attorney's fees will be paid from your recovery.
5. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. 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:

MPN website: <https://www.talispoint.com/amtrust/campn>

MPN Effective Date: 10/25/2021 MPN Identification number: 3154

If you need help locating an MPN physician, call your MPN access assistant at: 833-990-3601

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: 800-768-9605

**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.

**Questions?** Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator AmTrust North America Phone 888-239-3909

Workers' compensation insurer AmTrust Insurance Company (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: <https://www.dir.ca.gov/dwc/landA.html> or by calling toll-free (800) 736-7401. Learn more information about workers' compensation online: [www.dwc.ca.gov](http://www.dwc.ca.gov) and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

**False claims and false denials.** 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.

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.

**Covered Employee Notification of Rights Materials**  
**Regarding**  
AmTrust North America, Inc.  
[AmTrust California MPN](#)  
MPN ID #3154

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**This pamphlet contains important information about your medical care in case of a work-related injury or illness**

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**You Are Important to Us**

Keeping you well and fully employed is important to us. It is your employer's goal to provide you employment in a safe working environment. However, should you become injured or ill, as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as safely possible. In compliance with California law, we provide workers' compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the Medical Provider Network (MPN), please contact the AmTrust Provider & Network Management group by phone at (800) 768-9605, or email at [MPNcontact@amtrustgroup.com](mailto:MPNcontact@amtrustgroup.com). If you need an explanation about your medical treatment for your work-related injury or illness you can contact your claims adjuster if one has been assigned to your case.

**AmTrust California MPN**

AmTrust North America, Inc provides access to medical treatment in the event you sustain a work-related injury or illness through the AmTrust California MPN. The AmTrust California MPN accesses medical treatment through selected Anthem Blue Cross Prudent Buyer PPO ("Blue Cross of California") providers and the Kaiser-On-the-Job Provider Network. Together, these sources contract with and provide access to doctors, hospitals, and numerous other providers to respond to the special requirements of on-the-job injuries or illnesses.

**Access to Care**

If you should experience a work-related injury or illness, you should:

**Notify your employer:**

- Immediately notify your supervisor or employer representative so you can secure medical care. Employers are required to authorize medical treatment within one working day of your filing of a completed claim form (DWC-1). To ensure your rights to benefits, report every injury and request a claim form.

**Initial or Urgent Care:**

- If medical treatment is needed, your employer will direct you to an MPN provider upon initial report of injury. An appointment for initial medical care should be immediate but in no event longer than 3 business days of the notice to your employer or MPN Medical Access Assistant that treatment is needed.

**For Emergency Care:**

- In the case of emergency\* go to the nearest healthcare provider. Once your condition is stable, contact your employer or AmTrust North America, Inc at (866) 272-9267. For assistance in locating a MPN provider for continued care contact the AmTrust California MPN Medical Access Assistant by phone at (833) 990-3601 or email at CaliforniaMAA@amtrustgroup.com.

*\*Emergency care is defined as a need for those health care services provided to evaluate and treat medical conditions of a recent onset and severity that would lead a lay person, possessing an average knowledge of medicine, to believe that urgent care is required.*

**Subsequent Care:**

- All medical non-emergencies, which require ongoing treatment, in-depth medical testing, or a rehabilitation program, must be 1) authorized by your claims adjuster and 2 ) based upon evidenced based medical treatment guidelines (California Labor Code §5307.27, and as set forth in title 8, California Code of Regulations, section §9792.20 et seq.).
- Access to subsequent care, including specialist services, shall be available within no more than twenty (20) business days of your reasonable request for an appointment through an AmTrust California MPN Medical Access Assistant. If an MPN Medical Access Assistant is unable, within ten business days, to schedule an initial medical appointment that will occur within twenty (20) business days of your request, then AmTrust North America, Inc., on behalf of your employer, shall permit you to obtain necessary treatment with an appropriate specialist outside of the MPN. The MPN physician, who is the primary treating physician, will continue to direct all the covered injured employee's medical treatment needs.
- If you are not able to obtain reasonable and necessary medical treatment from an MPN physician within the applicable access standards and timeframes noted above, you will be permitted to obtain necessary treatment for that injury from an appropriate physician outside the MPN within a reasonable geographic area.  
At such a time when the MPN is able to provide the necessary treatment through an MPN physician, you may be required to treat with an MPN physician when a transfer of care is determined to be appropriate.
- If ancillary services are not available within a reasonable time or a reasonable geographic area, you may obtain authorized and necessary ancillary services outside of the MPN within a reasonable geographic area.

**If you are temporarily working, relocate or move outside of the MPNs geographic service area and are injured:**

The following is AmTrust North America, Inc.'s written policy for arranging or approving non-emergency medical care for: (1) a covered employee authorized by the employer to temporarily work or travel for work outside of the MPN geographic service area when the need for medical care arises; (2) a former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the MPN geographic service area; and (3) an injured employee who decides to temporarily reside outside the MPN geographic service area during recovery.

- If you have an initial work-related non-emergency injury or illness outside of the MPN service area, you should notify your employer and seek treatment at the closest occupational health or primary care clinic available to you.
- In the event of an emergency or if urgent care is needed, you should seek medical attention from the nearest hospital or urgent care center. If feasible, you or a personal representative should report the injury/illness to your employer within 24 hours of receiving treatment.
- Once you return to the MPN service area, medical care will be transferred to a provider within the AmTrust California MPN.
- Employees that are temporarily working, relocate, or move outside of the MPN's geographic service area will be able to select a new physician from a network already established by AmTrust North America, Inc. in the new region where treatment is needed. A list of physicians is available online or can be requested from your claims adjuster. The online provider search and directory is available [www.talispoint.com/amtrust/external/](http://www.talispoint.com/amtrust/external/). The list will contain a choice of at least three physicians for your selection. Your primary treating physician may also refer or assist you with finding a new provider within the alternate network. Referred physicians will be located within the access standards described in this notice e.g., 15 miles or 30 minutes for Primary Treating Physicians and 30 miles or 60 minutes for specialty care.
- The MPN does not prevent a covered employee outside the MPN geographic service area from choosing a provider for non-emergency medical care.
- **Upon your return to California, should you require ongoing medical care, immediately contact your claims adjuster or your employer for referral to a MPN provider for continued care.**

### How to Choose a Physician within the MPN

The AmTrust California MPN has providers for the entire state of California. The MPN must give you a regional list of providers that includes at least 3 physicians of a specialty commonly used to treat work related injuries or illnesses in your industry. The MPN must provide access to Primary Treating Physicians within 15 miles or 30 minutes of your home or workplace and specialists within 30 miles or 60 minutes of your home or workplace.

To locate a participating provider or obtain a regional listing:

#### **Provider Searches and Directories:**

- On-line Provider Search and Directories – if you have internet access, you can search for or access a roster of all treating physicians in the MPN by going to the website

[www.talispoint.com/amtrust/campn/](http://www.talispoint.com/amtrust/campn/). You can search for available MPN physicians by name, specialty, or location by using available filters.

- PDF copies of the roster of all treating physicians and the roster of all participating providers are available by selecting this option from the homepage. A complete provider listing is also available in writing or electronic copy upon request. For more information about the MPN go to: [www.talispoint.com/amtrust/campn/](http://www.talispoint.com/amtrust/campn/).
- Secondary treating physicians and specialists that can only be seen with an approved referral are clearly designated “by referral only” in the online provider finder and roster of all treating physicians.
- If you do not have internet access, you may request assistance locating an MPN provider or obtaining an appointment by contacting the AmTrust California MPN Medical Access Assistant by phone at (833) 990-3601, email at [CaliforniaMAA@amtrustgroup.com](mailto:CaliforniaMAA@amtrustgroup.com), or by fax at (855) 299-4367
- Promptly contact your claims adjuster to notify us of any appointment you schedule with an MPN provider.

### **Choosing a Physician (for all initial and subsequent care):**

- Your employer will direct you to an MPN provider when you initially report your injury. You have the right to be treated by a physician of your choice within the MPN after your initial visit.
- The Primary Treating Physician (PTP) you choose should be appropriate to treat your injury
- If you wish to change your MPN PTP after your initial visit, you may do so by:
  - 1) Accessing the on-line provider directories (see above)
  - 2) Calling the Medical Access Assistant or your Claims Adjuster
- If you have trouble getting an appointment with a provider within the MPN, contact the AmTrust California MPN Medical Access Assistant as soon as you are able, and they can assist you.
- If you select a new PTP, immediately contact your claims adjuster and provide him or her with the name, address, and phone number of the physician you have selected. You should also provide the date and time of your initial evaluation.
- If it is medically necessary for your treatment to be referred to a specialist, your PTP must first submit a Request for Authorization. Upon authorization, your PTP can make the appropriate referral within the network or you may select a specialist of your choice within the MPN.
- If a chiropractor is selected as a Primary Treating Physician, the chiropractor may act as a PTP only until the 24-visit cap is met (unless otherwise authorized in writing by AmTrust North America, Inc. on behalf of your employer), after which you must select another PTP in the MPN who is not a chiropractor. If you fail to select a new PTP in the MPN, then AmTrust North America, Inc. may assign another PTP who is not a chiropractor and who is of an appropriate specialty to treat your work-related injury or illness.
- If a type of specialist is needed or recommended by your MPN Primary Treating Physician, but is not available to you within the network, you will be allowed to treat with a specialist outside of the AmTrust California MPN. The AmTrust California MPN Medical Access Assistants or your claims adjuster can assist you to identify appropriate specialists if requested. Once you have identified the appropriate specialist outside of the network, schedule an appointment and notify your Primary Treating Physician and claims adjuster of the appointment date and time. Your MPN physician, who is your Primary

Treating Physician, will continue to direct all your medical treatment needs.

- If the MPN cannot provide access to a Primary Treating Physician within 15 miles or 30 minutes of your workplace or residence, the MPN will allow you to seek treatment outside the MPN. Please contact your claims adjuster for assistance. At such a time when the AmTrust California MPN is able to provide the necessary treatment through an MPN physician, you may be required to transfer your ongoing care to an MPN physician when safe and appropriate to do so. More information about transfer of care is available in the Transfer of Care and Continuity of Care sections below.
- The MPN will offer Telehealth\* to injured workers statewide. If you consent to the use of Telehealth, consent will be documented pursuant to Business and Professions Code section §2290.5(b) and the MPN will facilitate the coordination of Telehealth for the injured worker using mobile applications, computer applications or kiosks at the employer's location.
  - \*Telehealth is a means to deliver health care services and public health via information and communication technologies and includes Concentra Telemed physicians and Concentra Telerehab services in this MPN.
- If you select and consent to a physician who only sees patients via Telehealth, then that physician will be counted as an available MPN physician when determining if Access Standards have been met.
- If you do not provide consent for Telehealth physicians, or revoke your consent, the MPN will be limited to offering MPN physicians within Access Standards in a brick-and-mortar setting. If the MPN does not meet Access Standards, you shall be permitted to obtain necessary treatment for that injury from an appropriate Primary Treating Physician or Specialist outside the MPN within a reasonable geographic area.
- Injured workers that consent to Telehealth and seek treatment with Concentra Telemed physicians will have access to Physical Therapy and Occupational Therapy in the Concentra Telerehab program by referral of Concentra Telemed physicians.
- You may obtain Telehealth information and a listing of Telehealth providers by going to [www.talispoint.com/amtrust/campn/](http://www.talispoint.com/amtrust/campn/).

### **Medical Access Assistant(s)**

AmTrust California MPN Medical Access Assistants are available, at a minimum, from Monday through Saturday (excluding Sundays and holidays) from 7 am to 8 pm, Pacific Time, to provide covered employee's assistance with access to medical care under the MPN. The assistance includes, but is not limited to, contacting provider offices during regular business hours to find available MPN physicians for your selection, and scheduling and confirming medical appointments with physicians. Assistance is available in English and Spanish.

At least one AmTrust California MPN medical access assistant is available to respond at all required times, with the ability for callers to leave a voice message. Medical access assistants will respond to calls, faxes, or electronic messages by the next day, excluding Sundays and holidays. MAAs work in coordination with the claims adjuster(s) to ensure timely and appropriate medical treatment is available to you. You may contact the Medical Access Assistant by phone at (833) 990-3601, email at [CaliforniaMAA@amtrustgroup.com](mailto:CaliforniaMAA@amtrustgroup.com), and by fax at (855) 299-4367.

## Second and Third Opinions

### Second Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by your MPN physician, you may obtain a second opinion within the AmTrust California MPN. During this process you are required to continue your treatment with your initial MPN physician. The following describes the responsibilities of both you, as injured employee, and your AmTrust North America claims adjuster, on behalf of your employer:
  1. Inform your claims adjuster of your dispute regarding your treating physician's opinion either orally or in writing.
  2. You will then select a physician or specialist from a regional list of available MPN providers, which will be provided to you by your claims adjuster within 10 business days of notification of your request for a second opinion.
  3. You must make an appointment with your selected physician or specialist within 60 days from the day you receive the regional list of providers.
  4. You must inform your claims adjuster of the details of your appointment including the name of the provider you chose and the date, time, and location of the appointment.
  5. You shall be deemed to have waived your right to a second opinion if you do not make an appointment within 60 days from receipt of the list of available physicians or specialists from your claims adjuster.
  6. You have the right to request a copy of the medical records sent to the second opinion physician.
  7. If the second opinion physician or specialist feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify you and your claims adjuster. You can either select a new physician from the initial regional list or you can request another list of MPN physicians or specialists.
  8. The process described above in numbers 2 through 7 begins anew upon your selection and receipt of the list of available providers or specialists.

### Third Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by the second opinion physician, you may obtain a third opinion within the AmTrust California MPN. During this process you are required to continue your treatment with your initial MPN physician. In order to obtain a third opinion, you and your employer or insurer share responsibilities. The following describes the responsibilities of both you, as injured employee, and your AmTrust North America claims adjuster, on behalf of your employer:
  1. Inform your claims adjuster of your dispute regarding your treating physician's opinion either orally or in writing.
  2. You must select a physician or specialist from the list of available AmTrust California MPN providers previously provided, or you may request a new regional area list from your claims adjuster.

3. You must make an appointment with your selected physician or specialist within 60 days.
  4. You must inform your claims adjuster of the details of your appointment including the name of the provider you chose and the date, time, and location of the appointment.
  5. You shall be deemed to have waived your right to a third opinion if you do not make an appointment within 60 days from receipt of the list of available physicians or specialists from your claims adjuster. If you opted not to receive a new list of available providers, you shall be deemed to have waived your right to a third opinion if you do not make an appointment within 60 days from the day you notified your claims adjuster of your third opinion request and agreed to select a physician from the list of available MPN physicians previously provided.
  6. You have the right to request a copy of the medical records sent to the third opinion physician.
  7. If the third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify you and your claims adjuster. You can either select a new physician from the initial regional list or you can request another list of MPN physicians or specialists.
  8. The process described above in numbers 2 through 7 begins anew upon your selection and receipt of the list of available providers or specialists.
- If the MPN does not contain a physician who can provide the treatment recommended by the Second or Third Opinion physician, you may choose a physician outside the MPN within a reasonable geographic area. You may obtain the recommended treatment by changing physicians to the second opinion physician, third opinion physician, or other MPN physician
  - At the time of selection of the physician for a third opinion, the MPN Contact will notify you about the MPN Independent Medical Review process and provide you with an application for the MPN Independent Medical Review process (see below).
  - If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (MPN IMR).
  - If either the second or third-opinion doctor or MPN Independent Medical Reviewer agrees with your Primary Treating Physician's opinion about the need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area. Treatment plans and requests applicable to this section are still subject to Utilization Review and Independent Medical Review rules and regulations.

### **Continuity of Care Policy**

AmTrust North America, Inc. has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is removed from or no longer participates in the AmTrust California MPN.

If AmTrust North America, Inc. decides that you do not qualify to continue your care with the non-MPN provider, you and your Primary Treating Physician (PTP) must receive a letter of

notification.

In order to qualify to continue your care with your non-MPN provider, you must meet certain conditions as described below. If met, you may be able to continue treating with this doctor for up to a year before you must switch to an AmTrust California MPN physician. These conditions are:

- **Acute Condition-** The treatment for your injury or illness will be completed in less than 90 days.
- **Serious or Chronic Condition-** Your injury or illness is one that is serious **and** continues for at least 90 days without full cure or worsens **and** requires ongoing treatment **and** transfer of your care to an MPN physician would pose a safety issue or a regression of your current medical status. You may be allowed to be treated by your current treating doctor for up to one year or such time that your condition is stable, and a safe transfer of care can be made.
- **Terminal Condition-** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **Pending Surgery-** You already have a surgery or other procedure that has been authorized by AmTrust North America, Inc. and that is scheduled to occur within 180 days of the removal or non-participation date between the MPN and your doctor.

You can disagree with the decision to deny you Continuity of Care with the removed or non-participating provider. If you want to continue treating with the doctor, ask your Primary Treating Physician for a medical report stating whether you have one of the four conditions stated above to see if you qualify to continue treating with your current doctor temporarily.

Your Primary Treating Physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your Primary Treating Physician does not give you the report within 20 days of your request, AmTrust North America, Inc. may transfer your care to another appropriate physician within the MPN.

You will need to give a copy of the report to your claims adjuster if you wish to postpone the transfer of your care into the MPN. If you or AmTrust North America, Inc. disagrees with your doctor's report on your condition, it may be disputed. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the entire Continuity of Care policy in English or Spanish, ask your MPN Contact or your claims adjuster.

### **Transfer of Care Policy**

AmTrust North America, Inc. has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If you have properly pre-designated a Primary Treating Physician, you cannot be transferred into the MPN. (If you have questions about pre-designation, ask your employer or Human Resources contact.) If your current doctor is not or does not become a member of the AmTrust

California MPN, then you may be required to see a MPN physician.

If your claims administrator decides to transfer you into the MPN, you and your Primary Treating Physician (PTP) must receive a letter notifying you of the transfer.

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to postpone the transfer of your care into the MPN are:

- **Acute Condition-** The treatment for your injury or illness will be completed in less than 90 days.
- **Serious or Chronic Condition-** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment and transfer of your care to an MPN physician would pose a safety issue or a regression of your current medical status. You may be allowed to be treated by your current treating doctor for up to one year or such time that your condition is stable, and a safe transfer of care can be made.
- **Terminal Condition-** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **Pending Surgery-** You already have a surgery or other procedure that has been authorized by AmTrust North America, Inc. and that is scheduled to occur within 180 days of the MPN effective date.

You can disagree with AmTrust North America, Inc.'s decision to transfer your care into the AmTrust California MPN. If you don't want to be transferred into the MPN, ask your Primary Treating Physician (PTP) for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your PTP has 20 days from the date of your request to give you a copy of his/her report on your condition. If your PTP does not give you the report within 20 days of your request, AmTrust North America, Inc. can transfer your care into the AmTrust California MPN and you will be required to use a MPN physician.

You will need to give a copy of the report to your claims adjuster if you wish to postpone the transfer of your care. If you or AmTrust North America, Inc. disagrees with your PTP's report on your condition, it may be disputed. See the complete transfer of care policy for more details on the dispute resolution process.

For a copy of the entire transfer of care policy in English or Spanish, ask your MPN Contact or your claims adjuster.

### For Questions or MPN Information

#### What if I have questions or need help:

- **MPN Contact:** You may always contact AmTrust Provider & Network Management group to answer questions about the use of MPNs or to submit a formal MPN complaint by mail at AmTrust Workers Compensation Medical Networks, 400

Executive Blvd., Ste. 400, Southington, CT 06489, by phone at (800) 768-9605, or by email at [MPNcontact@amtrustgroup.com](mailto:MPNcontact@amtrustgroup.com). If you need an explanation about your medical treatment for your work-related injury or illness you can contact your claims adjuster if one has been assigned to your case.

- **Medical Access Assistants** are available Monday through Saturday (excluding Sundays and holidays) from 7 am to 8 pm, Pacific Time, by phone at (833) 990-3601, by email at [CaliforniaMAA@amtrustgroup.com](mailto:CaliforniaMAA@amtrustgroup.com), or by fax at (855) 299 4367.
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints, or questions regarding the AmTrust California MPN, the notification process or your medical treatment after a work-related injury or illness, you can call DWC's Information and Assistance Unit at 800-736-7401. You can also go to DWC's website at [www.dir.ca.gov/dwc](http://www.dir.ca.gov/dwc) and click on "Medical provider networks" for more information about MPNs.
- **MPN Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation Medical Unit at:

DWC Medical Unit  
P.O. Box 71010  
Oakland CA 94612  
(510) 286-3700 or (800) 794-6900



- **Temporary Disability (TD) benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary Disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent Disability (PD) benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
  - Your doctor's medical reports
  - Your age
  - Your occupation
- **Supplemental Job Displacement Benefits (SJDB):** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
  - You have a permanent disability.
  - Your employer does not offer regular, modified, or alternative work, **within 60 days** after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Return-to-Work Supplemental Program (RTWSP):** For dates of injury after 1/1/2013, you may qualify for additional money from the Division of Workers' compensation program known as the Return-to-Work Supplement Program (RTWSP) if you received the Supplemental Job Displacement Voucher (SJDB). If you have questions or think you qualify, contact the Information & Assistance Unit by calling 1-800-736-7401 or visit website: <https://www.dir.ca.gov/RTWSP/RTWSP.html>
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.



## OTHER BENEFITS

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site [www.edd.ca.gov](http://www.edd.ca.gov).

### **Workers' compensation fraud is a crime**

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

## **WHAT SHOULD I DO IF I HAVE AN INJURY?**

### **Report your injury to your employer**

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job. If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

**Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:**

AmTrust North America

Address: PO Box 89404, Cleveland, OH 44101

Phone: 888-239-3909

You may be able to find the name of your employer's workers' compensation insurer at [www.caworkcompcoverage.com](http://www.caworkcompcoverage.com). If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE) as all employees must be covered by law.

### **Get emergency treatment if needed**

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for treatment.



**Emergency telephone number:** Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the **workers' compensation claims administrator or go to this facility:**  
**Kaiser Permanente, 7300 N. Fresno Street, Oak 1 Bldg., Fresno, CA 93720**

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### **Fill out DWC 1 claim form and give it to your employer**

Your employer must give you a [DWC 1 claim form](#) within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within **one working day** of receiving the **DWC 1 claim form**. If the injury is from repeated exposures, you have **one year** from when you realized your injury was job related to file a claim.

In either case, you may receive up to **\$10,000** in employer-paid medical care until your claim is either accepted or denied. The claims administrator has **up to 90 days** to decide whether to accept or deny your claim. Otherwise, your case is presumed payable. Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

## **MORE ABOUT MEDICAL CARE**

### **What is a Primary Treating Physician (PTP)?**

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have a MPN.

### **What is a Medical Provider Network (MPN)?**

A MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using a MPN. If you have not named a doctor before you get hurt and your employer is using a MPN, you will see a MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

### **What is Predesignation?**

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.





### Consult with an attorney

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at **1-415-538-2120** or go visit their website at [www.californiaspecialist.org](http://www.californiaspecialist.org). You may also get a list of attorneys from your local I&A Unit by calling **1-800-736-7401**.

### Warning

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

### Additional Rights

You may also have other rights under the Americans with Disabilities Act (ADA) or the California Fair Employment and Housing Act (FEHA). For additional information, contact California Civil Rights Department (CRD) at 1-800-884-1684 or the Equal Employment Opportunity Commission (EEOC) at 1-800-669-4000.

The information contained in this notice conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation Administrative Director.

Please visit the Division of Workers' Compensation website at: [www.dwc.ca.gov](http://www.dwc.ca.gov) or call 1-800-736-7401

Department of Industrial Relations  
1515 Clay Street, 17th Floor  
Oakland, CA 94612



**PREDESIGNATION OF PERSONAL PHYSICIAN**

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

**NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN**

**Employee: Complete this section.**

To: Kirkman Beck LLC, d.b.a. Hire Up Staffing (name of employer) If I have a work-related injury or illness, I choose to be treated by: \_\_\_\_\_

(name of doctor)(M.D., D.O., or medical group)

\_\_\_\_\_ (street address, city, state, ZIP)

\_\_\_\_\_ (telephone number)

Employee Name (please print): \_\_\_\_\_

Employee's Address: \_\_\_\_\_

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Physician: I agree to this Predesignation:**

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

(Physician or Designated Employee of the Physician or Medical Group)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be predesignated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.

## NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

**NOTE:** If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

### Your Chiropractor or Acupuncturist's Information:

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(name of chiropractor or acupuncturist)

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(street address, city, state, zip code)

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### (Telephone number)

Employee Name (please print): \_\_\_\_\_

Employee's Address:

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Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Title 8, California Code of Regulations, section 9783.1.  
(Optional DWC Form 9783.1 Effective date July 1, 2014)

**ACKNOWLEDGEMENT OF RECEIPT**

By signing below, I acknowledge receipt of the following required workers' compensation documents:

- Notice to Employees – Injuries Caused by Work – Form DWC-7
- Covered Employee Notification of Rights Material
- Time of Hire Notice

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
Employee's Signature:

\_\_\_\_\_  
Employee's Name: