

EMPLOYEE PREDESIGNATION FORM

Your employer or their insurer has chosen to provide high-quality and timely care for work-related injuries and illnesses using a Medical Provider Network administered by CorVel Corporation. As a participating employee in the Medical Provider Network (MPN), you may seek emergency treatment for a work-related injury or illness from the nearest emergency facility. For non-emergency treatment, you will be directed to an occupational medicine or urgent care facility for your first appointment, after which you have the right to choose an MPN physician to provide your care. In many cases, your personal physician may be an MPN provider.

You may also have the right to designate your personal treating physician in the event you are injured on the job. If you choose to designate your personal treating physician to provide your care for work-related injuries or illness, you must inform your employer in writing before you are injured. Your predesignated physician must be your personal medical doctor, who has treated you prior to your injury, who has your medical records, and who agrees to treat you for any work injuries that may occur. Any treatment provided by a predesignated physician is still subject to prior authorization and reasonably necessary utilization review as provided required California law (Labor Code § 4600(d)).

If you choose to designate your own physician, you should do so in the space below. You do not need to complete this form to participate in your employer- or insurer-sponsored Medical Provider Network.

By signing, you affirm that the information provided is true and correct to the best of your knowledge, and you affirm your understanding that your employer, insurer, or their authorized agent may verify the validity of your predesignation.

Employee Number:

Last Name:	First Name:		
Street:			
City:	State: CA	Zip Code:	
Name of Employer:			
Signature:		Date of Signature:	

Physician Name:		
Street:		
City:	State: CA	Zip Code:
Phone:		