

## 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:

- x on the date of your work injury you have health care coverage for injuries or illnesses that are not work related
  - x 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;
  - x 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 injuries and illnesses;
  - x prior to the injury your doctor agrees to treat you for work injuries or illnesses;
  - x 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 injury or illness.
- Employee: Complete this section.

Employee Name (please print):

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Employee's Address:

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

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

Physician: I agree to this Predesignation:

Signature: \_\_\_\_\_ B \_\_\_\_\_ 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