Physician Designation Form

Under Labor Code Section 4600(d), if an employer offers non-occupational group health coverage, an employee has the right, prior to being injured, to designate a physician to treat to them for any industrial injury they may suffer. This physician must be the employee's primary care physician and have previously directed the medical treatment of the employee, and must be the physician who retains the employee's medical records, including his or her medical history. This means your primary treating physician under your group health plan. For this election to be valid the doctor must agree to treat your work related injury. We therefore require you to have your physician's sign this form indicating an agreement to provide treatment under the workers' compensation laws of the State of California.

I, _____, hereby select Dr. _____ to be my treating physician in the event I am injured at work.

_____
(Doctor's Name)

_____
(Street Address)

_____
(City, State, Zip Code)

(_____)_____
(Phone Number)

_____
(Health Plan)

Signature: _____ Date: _____

I, Dr. _____ agree to treat the above patient, under the workers' compensation laws of the State of California, in the event they should suffer an industrial injury.

Signature: _____ Date: _____