



Los Angeles Unified School District Workers' Compensation Program Pre-designation of Physician Form

In the event of a work related injury or illness, I request to be treated by my personal physician. I understand this designation may only be made **before** the date of injury. I understand that I must have group health coverage for non-industrial injuries or illnesses in order to pre-designate.

The physician I selected meets the following criteria:

- Is my personal medical doctor (M.D.), doctor of osteopathic medicine (DO) or medical group.
- Is my 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 my medical treatment, and retains my 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 operate an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries
- Agrees before the injury to be designated as my physician in the event an industrial injury occurs.

If my personal physician is not qualified to treat the injury or declines to provide treatment, my employer will direct my treatment to an appropriate physician.

Employee Name: _____ **Employee Number:** _____

Name of Insurance Company, Plan, or Fund providing health coverage for non-occupational injuries or illnesses: _____

Pre-designated Physician's Name: _____ Telephone No _____

Address: _____

Employee Signature: _____ Date: _____

Site Administrator Signature: _____ Date: _____

Physician: I agree to this pre-designation:

Signature: _____ Date: _____

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

This form must be maintained at the work location in the employee's personnel file.