



**Risk Management JPA**  
Fringe Benefits Consortium



## **SAN DIEGO COUNTY AND IMPERIAL COUNTY SCHOOLS**

### **EMPLOYEE NOTICE WORKERS' COMPENSATION BENEFITS**

This is to notify you of benefits, available to you through the California Workers' Compensation system.

Almost every employee in California is protected by workers' compensation laws, but there are a few exceptions. People in business for themselves, independent contractors, and unpaid volunteers may not be covered. Maritime workers and federal employees are covered by similar laws. These benefits are paid for by your employer, who is permissibly self-insured. 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 repetitive motion over time. Everything from first-aid type injuries to serious accidents are covered. Some injuries from voluntary, off-duty recreational, social or athletic activity may not be covered. There is no qualifying period. Coverage begins the first minute you are on the job.

#### **What you have to do**

If you have a work injury or illness always report it immediately to your supervisor. Your employer will provide you with a claim form (DWC1). Complete the "Employee" section of the claim form, keep one copy for yourself and give it to your employer, who will complete the "Employer" section of the form and give you a signed and dated copy as well as provide one copy to the claims administrator, who is responsible for handling your claim and notifying you about your eligibility for benefits. State law requires employers to authorize medical treatment within one working day of receiving a claim form, and employers may be liable for as much as \$10,000 in treatment until a claim is accepted or rejected. Delays in reporting may delay workers' compensation benefits and you may not be able to receive benefits if you don't file a claim within one year of the date of injury, the same date you knew the injury was work related, or the date benefits were last provided.

#### **Benefits**

The California workers' compensation law guarantees you three kinds of benefits:

- All reasonable and necessary medical care for your injury or illness, with no deductibles. Medical benefits may include treatment by a doctor, hospital services, lab test, x-rays, physical therapy, and medication. State law makes non-emergency medical services subject to preauthorization and limits some medical services.
- Tax-free payments to help replace lost wages while you are temporarily disabled. Additional payments are made if the injury causes permanent disability or death.

**Medical Care-**All medical expenses for reasonable and necessary treatment will be paid directly by the claims administrator, so you should never see a bill. The name and address of the claims administrator are at the end of this document and are posted at your workplace. Your employer has a Medical Provider Network (MPN), which will be explained further in this document.

**Temporary Disability-**If you are unable to work for more than three days, including weekends, you are entitled to temporary (TD) payments to help replace your lost wages. However, most of the districts have a return-to-work program, so check with your district to see if they have any transitional work that you can do with physical restrictions. Some positions with school districts have an industrial leave benefit. Check with your employer to see if you are entitled to those benefits. If you are entitled to receive TD directly, payments will begin approximately 14 days from the reported date of the injury. Payments won't be made for the first three days unless you are hospitalized or off work more than 14 days. The amount of these checks will be two-thirds your average wage, subject to minimums and maximums set by the state legislature. TD payments for a single injury may not extend for more than 104 compensable weeks within two years from the date of the first payment; or for more than 240 weeks within five years from the date of injury for a few long-term injuries such as severe burns or chronic lung disease.

**Permanent Disability-**If your doctor says your injury or illness will always leave you somewhat limited in your ability to work, you may receive permanent disability payments. The amount depends on the doctor's report, how much of the permanent disability was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. Your benefit payment also may be affected by whether or not your employer makes a suitable return-to-work offer. The minimum and maximum amounts are set by state law, and may vary by injury date, but if you have a permanent disability, your claims administrator will send you a letter explaining how the benefit was calculated and how it will be paid.

**Death Benefits-**If the injury or illness causes death, payments may be made to your relatives or household members who were financially dependent on you. These benefits are set by state law and the amount depends on the number of dependents. The payments are made at the same rate as temporary disability payments. In addition, workers' compensation provides a burial allowance.

**Supplemental Job Displacement Benefits-**If you receive temporary disability payments, within 30 days after that benefit ends, your claims administrator will

send a letter advising whether your employer has a modified job or alternative work for you, and explaining your potential rights to a supplemental job displacement benefit. If your employer does not offer modified or alternative work, you cannot return to work for the employer within 60 days after your temporary disability ends, and it is determined that you have a permanent disability, you may choose to receive a nontransferable voucher to use at a state accredited school for education-related retraining or skill enhancement. If you qualify for the supplemental job displacement benefit, your claims administrator will provide a voucher up to a max set by state law:

- A) Up to \$4,000 for permanent disability awards of more than 0 but less than 15%
- B) Up to \$6,000 for permanent disability awards between 15% and 25%
- C) Up to \$8,000 for permanent disability awards between 26% and 49%
- D) Up to \$10,000 for permanent disability awards between 50% and 99%

### **More about Medical Care**

- If emergency care is needed, call 911 for immediate help.
- If first-aid is available at your workplace, seek immediate treatment.
- To make sure your medical bills get paid and you get all of your benefits, report the injury immediately.
- You can be treated by your own personal physician immediately if your employer offers group health coverage, you complete a pre-designation request form (attached), and have your doctor sign the form, indicating he/she agrees to treat you for work related injuries or illnesses and follow the state reporting requirements as outlined in Rules and Regulations 9785 of the California Labor Code. The physician must have treated you previously and have your medical records.
- Your employer offers a Medical Provider Network (MPN), therefore, unless you pre-designate a treating physician, you must treat with a physician or clinic within the network. You can change doctors at any time upon notice to the claims administrator and as long as the new physician is also in the network. You will be provided with separate information regarding your rights and how to access the MPN. Since your employer has an MPN, if you have not pre-designated a physician you cannot declare a personal Chiropractor or Acupuncturist to change to after treating with the MPN physician.

### **If you have questions**

. . . ask your supervisor, employer representative or contact the Third Party Administrator (TPA) claims administrator directly.

You can also contact the Information and Assistance Officer at the State Division of Workers' Compensation (DWC). Information and Assistance Officers are available at no charge to answer questions, review problems and provide additional written information about workers' compensation. They can be reached at: **800-736-7401**.

## MPN Notification Letter

In order to provide you with the best medical care for your workplace injuries, San Diego and Imperial County Schools Risk Management JPA has chosen to utilize CorVel's customized SD JPA MPN (medical provider network) for all California based workers' compensation injuries.

Unless you pre-designate a physician or medical group, your new work injuries arising on or after 11/01/2008 will be treated by providers in the SD JPA MPN. If you have an existing injury, you may be required to change to a provider in the new MPN. Check with your claims adjuster.

You may obtain more information about the MPN from the workers' compensation poster or from your employer.



# EMPLOYEE MPN INFORMATION

This information is being provided to you to explain your rights and responsibilities should you have an accident at work. You will also receive a copy of this notice at the time of injury.

- The California Workers' Compensation Regulation requires employees to utilize the Medical Provider Network (doctors, hospitals, ancillary services) who are part of a Medical Provider Network or MPN. The Medical Provider Network has been selected for treatment of work related injuries.

**Employer Contact: San Diego and Imperial County Schools Risk Management JPA**

**Contact Name: Felicia Amenta, Workers' Compensation Program Manager**

**Telephone Number: 858.571.7221**

**Address: 6401 Linda Vista Rd., #505**

**City, State, Zip: San Diego, CA 92111-7399**

## **If you are injured on the job...**

1. Report your injury to your supervisor/manager *immediately*.  
**IN CASE OF EMERGENCY SEEK IMMEDIATE MEDICAL ATTENTION AT THE NEAREST EMERGENCY FACILITY.**
2. You may be asked to provide information such as...
  - Your Name
  - Your Home Address, City, State, Zip, County, Telephone Number
  - Date of Birth
  - Social Security Number
  - Date, Time, Location and Nature of Injury
3. If you require medical treatment, A **Medical Provider Network physician** (or other health care provider) is available for you to see. The MPN network provider will become your primary care physician and will provide the necessary and appropriate treatment for your work related injury. Your primary care physician will direct your care overall and refer to specialists as required within the MPN. A **CorVel** nurse may be assigned to interact with you, your provider and employer. The MPN network, listing of the health care providers, is available from your employer MPN contact person, your claims adjuster, or online at <http://mpn.corvel.com/sdcoejpa/MPNSearch.aspx>. At any time you are choosing a physician, you have the right to select from the entire MPN.
4. If you are on Business-Related Travel or away from your work site when an injury occurs, call your supervisor/manager to report your injury immediately. They will help you in seeking medical attention. **In case of emergency seek immediate medical attention at the nearest emergency facility.**
5. If you are traveling, or now live outside the MPN geographical area, you will be supplied with at least three physicians within the access standards to choose from for your medical treatment. If there are not three MPN physicians within the access standards available to treat you, you may be allowed to use a non-MPN provider. You have the right to change physicians and obtain a 2<sup>nd</sup> or 3<sup>rd</sup> opinion from among the referred physicians.
6. You may only use physicians within the MPN. See exceptions in Transfer of Care and Continuity of Care policies.
7. If you are having trouble scheduling an appointment with a provider within the MPN, contact your employer MPN contact, claims adjuster, or your case manager, if assigned, for assistance in getting an appointment scheduled for you.
8. If you require a referral to a specialist, (orthopedist, dermatologist, etc.), contact your employer MPN contact, claims adjuster, or your case manager, if assigned, for assistance in selecting and scheduling an appointment with a specialist.
9. Appointments for initial treatment will be available within 3 business days of your request. Non-emergency appointments with specialists will be available within 20 business days or receipt of referral.

## **ADDITIONAL INFORMATION REGARDING YOUR RIGHTS UNDER THE CALIFORNIA MPN.**

You will be provided notification upon transfer into the MPN. You may go to a specialist outside the MPN if your primary treating MPN physician refers you to a specialist outside the network. You may also choose your own specialist from within the MPN network independent of any referral by your treating physician or provider.



## EMPLOYEE REQUEST FOR A SECOND/THIRD MEDICAL OPINION

You have the opportunity to request and obtain a second and a third medical opinion within the provider network if you have a disagreement with the treatment or diagnosis. During this process, you must continue to receive your treatment with your current treating physician, or another provider of your choice within the MPN. To view the entire list of MPN providers, you may log onto [www.corvel.com](http://www.corvel.com) as described in page 1, number 3. This process is as follows:

1. If you disagree with the treatment plan or diagnosis you can request a 2<sup>nd</sup> or 3<sup>rd</sup> medical opinion.
2. A request is generated from the employee either by phone or in writing to the Claims Adjuster.
3. The request is received by the Claims Adjuster who will provide a regional area listing of providers within the network for you to choose from. At any time you have the right to choose a physician from the entire MPN network or from the list provided.
4. You must schedule an appointment with one of the physicians from the supplied list or from the entire MPN within (60) sixty days, or it shall be deemed that you have waived your right to the second opinion process with regard to this disputed diagnosis or treatment. At any time you are choosing a physician, you have the right to select from the entire MPN.
5. Once you have obtained an appointment, you must notify your claims adjuster of the physician, the appointment date and time.
6. If the appointment is not made within 60 days of receipt of the list of available MPN providers, then you shall be deemed to have waived the second and/or third opinion process.
7. During this process, you are required to continue your treatment with the treating physician or a physician of your choice within the MPN.
8. If the 2<sup>nd</sup> or 3<sup>rd</sup> opinion physician determines that your injury is outside the scope of their practice, you will be provided with a new list of MPN providers and/or specialists.
9. If you disagree with the 2<sup>nd</sup> opinion, then you can request a 3<sup>rd</sup> opinion and follow Steps 2-5 as above.
10. If you disagree with the diagnosis or treatment of the third opinion physician, you may request an Independent Medical Review. At the time you request a third opinion, your employer, MPN contact or adjuster will give you information on requesting an Independent Medical Review and the form.
11. At the time of your selection of your third opinion physician, you will be supplied with information on how to request an independent medical review, along with an application for Independent Medical Review for you to complete, should you disagree with the third opinion.
12. The claims adjuster will contact the treating physician, provide a copy of the medical records or send the necessary records to the second and/or third opinion physician prior to the appointment date. Upon your request, you can receive a copy of the medical records from your claims adjuster.
13. The second/third opinion physician will be notified in writing that he or she has been selected to provide a second/third opinion and the nature of the dispute with a copy to you.
14. A copy of the written report shall be provided to the employee, the person designated by the employer or insurer, and the treating physician within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later.
15. You may obtain the recommended treatment within the MPN. If you choose you may obtain the recommended treatment by changing physicians to the second opinion physician, third opinion physician, or another MPN physician.

## CHANGING YOUR PHYSICIAN

You are allowed to change to another provider if you would like to change providers for any other reason than listed above under Employee Request for a Second/Third Opinion. Your request may be directed to your Nurse case Manager or your Claims Adjuster. The provider must be within the Medical Provider Network. If you require a referral to a specialist, (orthopedist, dermatologist, etc.), contact your employer MPN contact, claims adjuster, or your case manager, if assigned, for assistance in selecting and scheduling an appointment with a specialist. The specialist you choose can be from the entire MPN.



## **TRANSFER OF ONGOING CARE INTO MPN**

If you are being treated for an occupational injury or illness by a physician or provider prior to your enrollment into your employer's medical provider network (MPN), and your physician or provider becomes a provider or already is an MPN provider, the MPN/employer will notify you that your treatment is being provided by your physician or provider under the provisions of the MPN. You may request a complete copy of the Transfer of Ongoing Care policy from your employer or MPN. Some circumstances that may allow continued treatment with the terminated provider include an acute condition, a serious chronic condition, a terminal illness, or performance of a surgery or other procedure that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the MPN coverage effective date.

A dispute resolution policy is included in the Transfer of Ongoing Care policy. You may request a complete copy of the Transfer of Ongoing Care policy from your employer or MPN.

## **ACCESS STANDARDS**

You have a right to access to MPN providers that are located within reasonable distances of your residence or workplace. The MPN must have a primary care physician and a hospital for emergency care within 30 minutes or 15 miles of your residence or workplace and providers of occupational health services and specialists within 60 minutes or 30 miles of your residence or workplace. If at any time you reside or work in a portion of the service area in which health care facilities are located outside the MPN access standards, the employer or MPN treating physician will assist the you in identifying a minimum of three (3) non-MPN providers in the specialty needed and within the access standard distance." If there are not three (3) providers in the needed specialty within the access standard distance you may choose a non-MPN provider.

## **CONTINUITY OF CARE**

If you are treating in a medical provider network and the provider is terminated from participation in the MPN network, you have certain rights to continue your treatment with this terminated provider subject to the conditions set forth in your employer's Continuity of Care policy. Some circumstances that may allow continued treatment with the terminated provider include an acute condition, a serious chronic condition, a terminal illness, or performance of a surgery or other procedure that is authorized by the insurer or employer as part of a documented course of treatment and has been recommended and documented by the provider to occur within 180 days of the contract's termination date.

A dispute resolution policy is included in the Continuity of Care policy. You may request a complete copy of the Continuity of Care policy from your employer or MPN.



## **EMPLOYEE INFORMATION ON THE INDEPENDENT MEDICAL REVIEW PROCESS**

This notice is to inform you of your rights, responsibilities and process in obtaining an Independent Medical Review (IMR). If you disagree with your treatment plan or diagnosis that the third opinion physician rendered, you have the right to request an Independent Medical Review. At the time you request a physician for a third opinion, your MPN contact or Claims Adjuster will provide you with this form covering the Independent Medical Review process. You will also be provided with an "Application for Independent Medical Review" form. The MPN contact or Claims Adjuster will fill out the "MPN Contact section" for you. You will need to complete the "employee section" of the form, indicate on the form whether you are requesting an in-person examination or a records review. You may also list an alternative specialty, if any, that is different from the specialty of the treating physician.

The Administrative Director will select an IMR with an appropriate specialty within 10 business days of receiving your Application for Independent Medical Review form. The Administrative Director's selection of the IMR will be based on the specialty of your treating physician, the alternative specialties listed by you and the MPN contact, and the information submitted with the Application for Independent Medical Review.

If you request an in-person examination, the Administrative Director will randomly select a physician from a list of available independent medical reviewers, with an appropriate specialty, who has an office located within thirty miles of your residential address, to be your independent medical reviewer. If there is only one physician with an appropriate specialty within thirty miles of your residential address, that physician shall be selected to the independent medical reviewer. If there are no physicians with an appropriate specialty who have offices located within thirty miles of your residential address, the Administrative Director will search in increasing file mile increments, until one physician is located. If there are no available physicians with this appropriate specialty, the Administrative Director may choose another specialty based on the information submitted.

If you request a record review, then the Administrative Director will randomly select a physician with an appropriate specialty from the list of available independent medical reviewers to be the IMR. If there are no physicians with an appropriate specialty, the Administrative Director may choose another specialty based on the information submitted.

The Administrative Director will send written notification of the name and contact information of the IMR to you, your attorney, if any, the MPN contact and the IMR. The Administrative Director will send a copy of the completed Application for Independent Medical Review to the IMR.

You, the MPN Contact, or the selected IMR can object within 10 calendar days of receipt of the name of the IMR to the selection if there is a conflict of interest as defined by section 9768.2. If the IMR determines that they do not practice the appropriate specialty, the IMR shall withdraw within 10 calendar days of receipt of the notification of selection. If the conflict is verified or the IMR withdraws, the Administrative Director will select another IMR from the same specialty. If there are no available physicians with the same specialty, the Administrative Director may select an IMR with another specialty based on the information submitted and in accordance with the procedure set forth for an in-person examination and for a records review.

If you request an in-person examination, within sixty calendar days of receiving the name of the IMR, you must contact the IMR to arrange an appointment. If you fail to contact the IMR for an appointment with sixty calendar days of receiving the name of the IMR, then you will be deemed to have waived the IMR process with regard to this disputed diagnosis or treatment of this treating physician. The IMR shall schedule an appointment with you within thirty calendar days of the request for an appointment, unless all parties agree to a later date. The IMR shall notify the MPN contact of the appointment date.

Should you decide to withdraw the request for an independent medical review, you need to provide written notice to the Administrative Director and the MPN contact.

During this process, the employee shall remain within the MPN for treatment pursuant to section 9767.6.

The MPN Contact shall send all relevant medical records to the IMR. The MPN Contact shall also send a copy of the documents to the covered employee. The employee may furnish any relevant medical records or additional materials to the Independent Medical Reviewer, with a copy to the MPN contact as set forth in 8 CCR Section 9768.11(a). If you have requested an in-person examination and a special form of transportation is required because of your medical condition, the MPN contact will arrange it for you. The MPN Contact shall furnish transportation and arrange for an interpreter, if necessary, in advance of the in-person examination. All reasonable expenses of transportation shall be incurred by the insurer or employer pursuant to Labor Code section 4600. Except for the in-person examination itself, the independent medical reviewer shall have no ex parte contact with any party. Except for matters dealing with scheduling appointments, scheduling medical tests and obtaining medical records, all communications between the independent medical reviewer and any party shall be in writing with copies served on all parties.

If the IMR requires further tests, the IMR shall notify the MPN Contact within one working day of the appointment. All tests shall be consistent with the medical treatment utilization schedule adopted pursuant to Labor Code section 5307.27 or, prior to the adoption of this schedule, the ACOEM guidelines, and for all injuries not covered by the medical treatment utilization schedule or the ACOEM guidelines, in accordance with other evidence based medical treatment guidelines generally recognized by the national medical community and that are scientifically based.





The IMR may order any diagnostic tests necessary to make their determination regarding medical treatment or diagnostic services for the injury or illness but shall not request you to submit to an unnecessary exam or procedure. If a test duplicates a test already given, the IMR shall provide justification for the duplicative test in their report. If you fail to attend an examination with the IMR and fail to reschedule the appointment within five business days of the missed appointment, the IMR shall perform a review of the records and make a determination based on those records.

If you fail to attend an examination with the IMR and fail to reschedule the appointment within five business days of the missed appointment, the IMR shall perform a review of the records and make a determination based on those records.

The IMR will serve the report on the Administrative Director, the MPN Contact, you, your attorney, if any, within twenty days after the in-person examination or completion of the records review.

If the disputed health care service has not been provided and the IMR certifies in writing that an imminent and serious threat to the health of you exists, including, but not limited to, the potential loss of life, limb, or bodily function, or the immediate and serious deterioration of you, the report shall be expedited and rendered within three business days of the in-person examination by the IMR.

Subject to approval by the Administrative Director, reviews not covered above, may be extended for up to three business days in extraordinary circumstances or for good cause. Extensions for good cause shall be granted for; medical emergencies of the IMR or the IMR's family; death in the IMR's family; or natural disasters or other community catastrophes that interrupt the operation of the IMR's office operations.

Utilizing the medical treatment utilization schedule established pursuant to Labor Code section 5307.27 or, prior to the adoption of this schedule, the ACOEM guidelines, and taking into account any reports and information provided, the IMR shall determine whether the disputed health care service is consistent with the recommended standards. For injuries not covered by the medical treatment utilization schedule or by the ACOEM guidelines, the treatment rendered shall be in accordance with other evidence-based medical treatment guidelines which are generally recognized by the national medical community and scientifically based.

The IMR should not treat or offer to provide medical treatment for this injury or illness for which they have done an independent medical review evaluation for you unless a medical emergency arises during the in-person examination.

Neither you nor the employer nor the insurer shall have any liability for payment for the independent medical review which was not completed within the required timeframes unless you and the employer each waive the right to a new independent medical review and elect to accept the original evaluation.

The Administrative Director shall immediately adopt the determination of the independent medical reviewer and issue a written decision within five business days of receipt of the report.

The parties may appeal the Administrative Director's written decision by filing a petition with the Workers' Compensation Appeals Board and serving a copy on the administrative Director, within twenty days after receipt of the decision.

If the IMR agrees with the diagnosis, diagnostic service or medical treatment prescribed by the treating physician, you shall continue to receive treatment with physicians within the MPN.

If the IMR does not agree with the disputed diagnosis, diagnostic service or medical treatment prescribed by the treating physician, you shall seek medical treatment with a physician of your choice either within or outside the MPN. If you choose to receive medical treatment with a physician outside the MPN, the treatment is limited to the treatment recommended by the IMR or the diagnostic service recommended by the IMR. The medical treatment shall be consistent with the medical treatment utilization schedule established pursuant to Labor Code section 5307.27 or, prior to the adoption of this schedule, the ACOEM guidelines. For injuries not covered by the medical treatment utilization schedule or by the ACOEM guidelines, the treatment rendered shall be in accordance with other evidence-based medical treatment guidelines which are generally recognized by the national medical community and scientifically based. The employer or insurer shall be liable for the cost of any approved medical treatment in accordance with Labor Code section 5307.1 or 5307.11.



## 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:

- your employer offers group health coverage;
- 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 non-occupational 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: \_\_\_\_\_ (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: \_\_\_\_\_

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

#### Physician: I agree to this Pre-designation:

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.  
(Optional DWC Form 9783 March 1, 2007 )



In the event of a

# WORK-RELATED INJURY or ILLNESS

Immediately contact your supervisor then go to:

**SHARP**®

**Rees-Stealy  
Medical Centers**



10243 Genetic Center Dr.  
San Diego, CA 92121 (Sorrento Mesa)

### **Occupational Health Services**

8 a.m. to 5 p.m., Monday through Friday  
(858) 526-6150

### **Urgent Care Center**

5 p.m. to 8 p.m., Monday through Friday  
8 a.m. to 8 p.m., Weekends and Holidays  
(858) 526-6100

**After the hours listed above, please go to the nearest Sharp Hospital Emergency Room.**

### **Sharp Memorial Hospital**

7901 Frost St.  
San Diego, CA 92123  
(858) 939-3400

### **Sharp Chula Vista Medical Center**

751 Medical Center Ct.  
Chula Vista, CA 91911  
(619) 502-5800

### **Sharp Coronado Hospital**

250 Prospect Pl.  
Coronado, CA 92118  
(619) 522-3600

### **Sharp Grossmont Hospital**

5555 Grossmont Center Dr.  
La Mesa, CA 91942  
(619) 740-6000

# FOR A WORK-RELATED INJURY OR ILLNESS

AFTER 10 P.M.

**send employee to the  
nearest Sharp hospital emergency department:**

**1** Sharp Memorial Hospital  
7901 Frost St.  
San Diego, CA 92123  
(858) 939-4127

**2** Sharp Grossmont Hospital  
5555 Grossmont Center Dr.  
La Mesa, CA 91942  
(619) 644-4411

**3** Sharp Chula Vista Medical Center  
751 Medical Center Ct.  
Chula Vista, CA 91911  
(619) 502-5825

**4** Sharp Coronado Hospital and Healthcare Center  
250 Prospect Pl.  
Coronado, CA 92118  
(619) 522-3722

