

The Employer Affidavit found in this packet must be completed and returned to FirstComp or mailed to:  
FirstComp  
PO Box 3009  
Omaha, NE 68103-0009



## Southern Insurance Company/FirstComp's Medical Provider Network (MPN)

FirstComp and Southern Insurance Company\* have joined together to offer their policy holders the efficiencies of Medical Provider Networks (MPN) for the benefit of injured workers and their employers.

The MPN program was developed by employers and the insurance industry and subsequently received legislative approval aimed at providing injured workers with the best medical treatment and an early and safe return of injured employees to productive lives.

The MPN program is offered at no extra cost to the employers, but in order to be successful, it requires their cooperation by informing their employees of their rights and responsibilities under the MPN program; as are contained in the enclosed "Employee Guide to MPN".

To obtain the electronic version of the Employee Guide for easy downloading and printing please visit <https://www.firstcomp.com/claims.htm> and look for the Medical Provider Network Section near the bottom

or

Contact our MPN coordinator at [mpncoordinator@firstcomp.com](mailto:mpncoordinator@firstcomp.com)  
888-500-3344 EXT 7918

FIA5001(1208)

\*FirstComp Underwriters Group, Inc. d/b/a FirstComp Insurance Agency is a servicing entity for Southern Insurance Company, a company of The Republic Group.



FirstComp is a filed trademark for Aspen Holdings, Inc. and its affiliates including but not limited to those doing business as FirstComp Insurance Company, FirstComp Underwriters Group, Inc., FirstComp Group Inc., FirstComp Group, FirstComp Insurance Agency, FirstComp Insurance Services of Nebraska, Pinebrook Insurance Group, Inc. and Pinebrook Insurance Agency.

## Southern/FirstComp Medical Provider Network (MPN)

FirstComp and Southern Insurance Company have joined together to offer their policy holders the efficiencies of Medical Provider Networks (MPN) for the benefit of injured workers and their employers.

The MPN program was developed by employers and the insurance industry and subsequently received legislative approval aimed at providing injured workers with the best medical treatment and an early and safe return of injured employees to productive lives.

The MPN program is offered at no extra cost to employers, but in order to be successful, it requires their cooperation by informing their employees of their rights and responsibilities under the MPN program as are contained in the enclosed **Employee Guide to MPN**.

To obtain the electronic version of the Employee Guide for easy downloading and printing please e-mail your request to our MPN Coordinator at:

‘tthomas@firstcomp.com’  
Or Call: (888) 500-3344 ext: 7918

Please be sure to FAX the Affidavit of Employer after distributing the Employee Guides

**Southern Insurance Company/  
FirstComp Underwriters Group, Inc. (d/b/a)  
FIRSTCOMP INSURANCE AGENCY**

(“hereinafter “Southern/FirstComp”)

**Medical Provider Networks (MPN)**

Important information about Medical Care for Work-Related Injuries to your  
employees

**An Employer’s Guide**

To Medical Provider Networks for Employees’ Job-Related Injuries and Illnesses

## Introduction

### Southern/FirstComp Medical Provider Network (MPN)

A medical provider network (MPN) is a network of providers, including physicians, created to provide medical treatment for work injuries of employees in California. MPNs are created by payors (self-insured employers or workers' compensation insurers) and must be approved by the California Division of Workers' Compensation (DWC). Unless exempted by law or the employer, all medical care for workers injured on the job whose employer has an approved MPN will be handled and provided through the MPN.

By utilizing the MPN for on the job injuries you will be able to impact the medical direction of care for positive outcomes in your workers' compensation insurance.

Employers need to do the following:

- 1 Employee Notification: California requires that all employees be notified of their rights under the MPN. Enrollment notice is by way of **Employee's Guide** to MPN.
- 2 Employers must acknowledge their participation in the MPN by filing the Employer's **Affidavit** after notice to employees and distribution of the Employee Guide and obtaining employees **Acknowledgement of Receipt** form for retention in employees personnel file.
- 3 New employees must also be provided with the Employee Guide upon their hiring.
- 4 Employers can select providers online at <https://www.risingvision.net/rising/1C-CA-OpenTalisPt.asp>
- 5 For detailed information on medical provider search, employers can refer to the attached MPN instruction sheet.

To seek assistance in finding a healthcare provider, please call (866) 511-4757.

You may find that your current posted medical facility is already in our MPN program. If not, please search the above website or contact our MPN coordinator for alternative facilities.

### Employee Physician Selection

If an employee is injured they should be directed to your posted clinic or hospital which may or may not be in the Network. In any event, if their injury requires treatment beyond the first visit, they need to select a primary treating physician from within the MPN.

## Employee Change of Physician

An injured employee may change physicians from **within the MPN** at any time by notifying his or her Claims examiner or the MPN coordinator at (888) 500-3344 x 7918. to select another medical provider from the MPN list.

## Employee Predesignation of Physician

Employees may predesignate their personal physician, PRIOR to injury, to treat their on the job injuries under the following conditions:

1. The designation must be prior to an injury occurring
2. The designation must be in writing
3. Employer makes available group health policy to its employees (requesting employee need not be in the Group policy).
4. The physician agrees in writing prior to injury to be designated and must agree to duties of Primary Treating Physician (LC § 9785).
5. The physician is a doctor of medicine (MD) or doctor of osteopathy (DO).
6. The physician has kept medical history of the employee.

## Second and Third Opinion

Injured workers have the right to request a second or third opinion if they disagree with If the diagnosis or treatment prescribed by an MPN provider.

During these processes, the employee is required to continue his or her treatment with the treating physician within the MPN.

All injured workers will receive information regarding the Second or Third Opinion policy when transferring into your MPN.

## Independent Medical Review (IMR)

When an injured worker disputes the diagnosis and treatment of the second and third opinion, he may file an application with the Administrative Director of DWC and request an independent medical review.

## Instructions for Medical Provider Networks Search

In serious emergency situations, call 911 and/or transport the employee to the nearest appropriate medical facility even if the facility is not in your provider Network..

You Can Access a Medical Provider Network (MPN) in or near your geographic location at: <https://www.risingvision.net/rising/1C-CA-OpenTalisPt.asp>. After logging on please click "Provider Search", then select any of the categories listed, such as "Urgent Care" or "Occupational Medicine" and in the second box in the lower portion of the screen, enter your "City" and "State" and click Search.

You will then be provided with a list of physicians and /or medical facilities. By clicking on the name of the provider, the address and phone number will be displayed as well as the ability for maps and directions, if needed. The search can also be conducted by zip code but the City and State must be cleared. Employers should check the list to make sure the phone number and addresses of the selected medical providers are current as these change frequently and also to see if their current facility is already in our MPN.

After selecting the medical provider, the medical facility should be called to notify them of the fact that they were selected because they are in the MPN program and give them FirstComp's phone number and address. When an employee is injured refer them to your selected MPN medical facility for initial primary care and treatment. An employee may request a change of physician and select another physician only from within the MPN.

We believe the MPN program will provide better overall workers' compensation outcomes for you as the employer. If you have any questions, notify our MPN Coordinator at:

(888) 500-3344 Ext. 7918  
**FirstComp Insurance Agency**  
120 South Green Valley Parkway, Suite 300  
Henderson, NV 89012  
Email: [tthomas@firstcomp.com](mailto:tthomas@firstcomp.com)

Enclosures:

- 1 Employee Guide to MPN - English & Spanish
- 2 Employee Acknowledgement & Receipt of Employee Notice of MPN; English & Spanish
- 3 Affidavit of Employer Re: MPN Employee notification
- 4 Employee Physician Pre-designation Form – English
- 5 Employee Physician Pre-designation Form – Spanish
- 6 Medial Provider Search Instructions

## **Definitions**

**Covered Employee** – An employee whose employer or employer's insurer has established a Medical Provider Network for the provision of medical treatment to injured employees unless:

- a) The injured employee has properly designated a personal physician pursuant to Labor Code section 4600(d) by notice to the employer prior to the date of injury, or;
- b) The injured employee's employment with the employer is covered by an agreement providing medical treatment for injured employee and the agreement is validly established under labor Code section 3201.5, 3201.7 and/or 3201.81.

**DWC** – The Division of Workers' Compensation

**Emergency Health Care Services** – Health care services for a medical condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate medical attention could reasonably be expected to place the patient's health in serious jeopardy.

**Medical Provider Network** – ("MPN") Any entity or group of providers approved as a Medical Provider Network by the Administrative Director pursuant to Labor Code sections 4616 to 4616.7.

**MPN Contact** – The individual(s) designated by the MPN in the employee notification who is responsible for answering employees' questions about the Medical Provider Network and is responsible for assisting the employee in arranging for an independent medical review.

**Primary Treating Physician** – A primary treatment physician within the MPN.

**Treating Physician** – Any physician within the MPN other than the primary treating physician who examines or provides treatment to the employee, but is not primarily responsible for continuing management of the care of the employee.

**Second Opinion** – An opinion rendered by a medical provider network physician after an in person examination to address an employee's dispute over either the diagnosis or the treatment prescribed by the treating physician.

**Third Opinion** – An opinion rendered by a medical provider network physician after an in person examination to address an employee's dispute over either the diagnosis or the treatment prescribed by either the treating physician or physician rendering the second opinion.

**Workplace** – The geographic location where the covered employee is regularly employed.

**IMR** – Independent Medical Review or independent medical reviewer

**SOUTHERN INSURANCE COMPANY/FIRSTCOMP UNDERWRITERS  
GROUP, INC. d/b/a  
FIRSTCOMP INSURANCE AGENCY**  
(hereinafter "Southern/FirstComp")  
MPN Employee Notification

## Affidavit of Employer

Insured Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Name of Affiant: \_\_\_\_\_ Phone: \_\_\_\_\_

Distribution Method:  
Check One:

- Via US Mail
- Payroll Stuffer
- All Employee Meeting
- Individual Distribution
- Email

By signing and dating this affidavit, you attest to having distributed Southern/FirstComp's Medical Provider Network **Employee Guide to MPN** notice to each employee of record and agree to provide the notice to new employees at time of hire. A receipt was obtained from each employee and placed in their respective personnel files.

Name (Please Print): \_\_\_\_\_  
(Affiant)

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM AND RETURN BY FAX TO (866) 338-2667**

---

FirstComp, P.O. Box 3009, Omaha, NE 68102-1680  
(888) 500-3344 x 7918 Fax: (866) 338-2667

**Southern Insurance Company/FirstComp  
Underwriters Group, Inc. d/b/a FirstComp  
Insurance Agency**

**(hereinafter "Southern/FirstComp")**

**Medical Provider Networks (MPN)**

**Important information about Medical Care if you have a Work-Related Injury  
or Illness**

**An Employee's Guide**

**To Medical**

**Treatment of Work Related**

**Illnesses & Injuries**

## **Important Information about Medical Care if you have a Work-Related Injury or Illness**

California Law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation physician network called a Medical Provider Network (MPN). This notification tells you what you need to know about the MPN program and describes your rights in choosing medical care for work related injuries and illnesses.

- **What is an MPN?**

A Medical Provider Network (MPN) is a group of health care providers (physicians and other types of providers) set up by an insurer or self-insured employer and approved by the Division of Workers' Compensation's Administrative Director to treat workers injured on the job. Each MPN must include a mix of doctors specializing in work-related injuries and doctors with expertise in general areas of medicine. MPN's must meet access to care standards for common occupational injuries and work-related illnesses. Further, the regulations require MPN providers to use medical treatment guidelines adopted by the DWC. MPNs must allow employees a choice of provider(s) in the MPN after the employee's first visit.

- **How do I find out which doctors are in my MPN?**

The MPN contact person listed in this notification will be able to answer your questions about the MPN and will help you obtain a regional list of all MPN doctors in your area. At minimum, the regional listing must include a list of all MPN providers within 15 miles of your workplace and/or residence or a list of all MPN providers within the county where you live and/or work. You may choose which list you wish to receive. You also have the right to a complete list of MPN providers in writing. You can get the list of MPN providers by calling the MPN Coordinator at (702) 294-7918, or your employer or by going to our website at: <https://www.risingvision.net/rising/1C-CA-OpenTalisPt.asp> and click on Provider Search.

- **What happens if I get injured at work?**

In case of an emergency, you should call 911 or go to the closest Urgent Care clinic or hospital. If you are injured at work, notify your employer as soon as possible. Your employer will provide you with a claim form. When you notify your employer or insurer that you have had a work-related injury, your employer or the claims administrator assigned to your case will arrange an initial appointment with a doctor in the MPN. If, for whatever reason, your employer or the claims administrator does not arrange the initial appointment within 24 hours of your report of injury, you are authorized to go to any MPN provider or the nearest hospital.

- **How do I choose a provider** After the first visit, you may continue to be treated by this doctor, or you may choose another doctor from the MPN. You may continue

to choose doctors within the MPN for all of your medical care for this injury. If appropriate, you may choose a specialist or ask your treating doctor for a referral to a specialist. If you need help in choosing a doctor, you may contact the MPN Contact listed in this pamphlet. If the primary treating physician refers you to a type of specialist not included in the MPN, you may select a specialist from outside the MPN.

- **Can I treat with my personal physician?**

You may treat with your personal physician only if you have notified your employer in writing PRIOR to your injury. Your personal physician must also be appropriate to treat your work-related injury. To qualify you must pre-designate your personal physician by signing the proper form that your employer provides you.

- **What does pre-designating a personal doctor involve?**

You can pre-designate your personal doctor of medicine (M.D.) or doctor of osteopathy (D.O.) only if: your employer offers group health coverage; the doctor has treated you in the past and has your medical records; prior to the injury the doctor agreed to treat you for work injuries or illnesses and; 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.

- **Can I change providers?**

Yes. You can change providers within the MPN for any reason, but the providers you choose should be appropriate to treat your injury.

- **What standards does the MPN have to meet?**

The MPN has providers for the entire state of California.

The MPN must give you a regional list of providers that includes at least three physicians in each specialty commonly used to treat work injuries/illnesses in your industry. The MPN must provide access to primary physicians within 15 miles and specialists within 30 miles. If you live in a rural area there may be a different standard.

The MPN physician must provide initial treatment within 3 days, for non-emergency services. You must receive specialist treatment within 20 days of your request. If you have trouble getting an appointment, contact the MPN Coordinator or contact listed below.

- **What if there are no providers in my area?**

If you are a current employee living in a rural area or temporarily working or living outside the MPN service area, or you are a former employee permanently living outside the MPN service area, the MPN or your treating doctor will give you a list of at least three physicians who can treat you. The MPN may also allow you to choose your own doctor outside of the MPN network. Contact your MPN for assistance in finding a physician or for additional information.

- **What if I need a specialist not in the MPN?**

If you need to see a specialist that is not available in the MPN, you have the right to see a specialist outside of the MPN.

- **What if I disagree with my doctor about medical treatment?**

If you disagree with your doctor you may always choose another doctor within the MPN.

If you disagree with either the diagnosis or treatment prescribed by your doctor, you may ask, orally or in writing, for a second opinion from a doctor within the MPN. At this time the employee will be informed of his/her right to request a copy of the medical records be sent to the second opinion physician. If you want a second opinion, you must contact the MPN Contact or the assigned claims administrator and tell them you want a second opinion. At this time you have the right to request a copy of the medical records be sent to the second opinion physician. The contact person will make sure you have a regional area listing of MPN doctors to choose from. Then you may choose any doctor from the MPN and make an appointment within 60 days. You must tell the MPN Contact or the assigned claims administrator of your appointment date.

During this process, you are required to continue treatment with your current MPN primary treating physician.

If you do not make an appointment within 60 days, you will not be allowed to have a second opinion with regard to this disputed diagnosis or treatment.

If the second opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you will get a new list of MPN doctors or specialists so you can make another selection.

After you receive a second opinion, if you disagree with your doctor, you may ask, orally or in writing, for a third opinion. If you want a third opinion, you must contact the MPN Contact or assigned claims adjuster and tell them you want a third opinion. At this time you have the right to request a copy of the medical records be sent to the third opinion physician. They will make sure you have a regional area listing of MPN doctors to choose from. Then you may choose any doctor from the MPN and make an appointment within 60 days. You must tell the MPN coordinator of your appointment date.

If you do not make an appointment within 60 days, then you will not be allowed to have a third opinion with regard to this disputed diagnosis or treatment.

If the third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer and you will get a new list of MPN doctors or specialists so you can make another selection.

If after the third opinion, you disagree with your doctor, you may ask for an Independent Medical Review (IMR). Your employer or MPN contact person will give you information on requesting an Independent Medical Review and an Application form is sent to you at the time you requested a third opinion.

An IMR will be done by a physician outside the MPN and selected by the Administrative Director to conduct an independent assessment of your dispute.

As long as your second opinion, third opinion or Independent Medical Reviewer agrees with the treating doctor, you will need to continue to receive your medical treatment with doctors in the MPN network.

If the second opinion, third opinion or Independent Medical Reviewer does not agree with your treating doctor, you will be allowed to receive that medical treatment from a provider either inside or outside the Southern/FirstComp MPN. If you decide to receive treatment outside the MPN, it can only be for the treatment or diagnostic service recommended by the second opinion, third opinion or Independent Medical Reviewer.

- **What if I am already being treated for a work-related injury before the implementation of the MPN?**

Your employer or insurer has a "transfer of care" policy, which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the MPN. A copy of this policy is available upon request.

If you have properly pre-designated your personal primary treating physician prior to an injury, you cannot be transferred into the MPN. (For questions on pre-designation ask your employer) If your current treating doctor is not a member of the MPN, then you may be required to see an MPN doctor.

If your employer decides to transfer you into the MPN, you and your primary treating physician will receive a letter notifying you of the transfer.

- **Can I Continue Being Treated by My Doctor?**

If you meet certain conditions, you may qualify to continue treating with a non-MPN physician for up to a year before you are transferred into the MPN. The qualifying conditions to **delay** the transfer of your care into MPN are as follows:

1. **Acute:** The treatment for your injury or illness will be completed within 90 days.
2. **Serious or chronic:** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. The MPN will authorize completion of treatment for a period of time up to one year and will make arrangements for transfer to another provider within the MPN, as soon as is feasible. The one-year period for completion of treatment starts from the date of determination that you receive notification of the serious chronic condition.
3. **Terminal:** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
4. **Pending Surgery:** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.

You can disagree with your employer's decision to transfer your care into the MPN. If you don't want to be transferred into the MPN, ask your primary treating physician for a medical report on whether you have one of the four conditions stated above to qualify for a postponement of your transfer into the MPN.

Your primary treating physician has 20 days from the date of your request to give you a copy of his/her report on your condition. If your primary treating physician does not give

you the report within 20 days of your request, the employer can transfer your care into the MPN and you will be required to use a MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care. If you or your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See the complete transfer of care policy for more details on the dispute resolution process.

For a copy of the transfer of care policy, ask your MPN Contact.

- **What if I am being treated by an MPN doctor and the doctor leaves the MPN?**

Your employer or insurer has a written Continuity of Care Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in the **SOUTHERN/FIRSTCOMP MPN**. A copy of this policy is available upon request.

If your employer decides that you do not qualify for continuing your care with non-MPN physician, you and your doctor must receive a letter of notification.

If you meet certain conditions, you may qualify to continue treating with this doctor for up to a year before you must switch to MPN physician. These conditions are set forth in the box above: (Can I Continue Being Treated by My Doctor?)

You can disagree with your employer's decision to deny you continuity of care with the terminated MPN provider. If you want to continue treating with the terminated doctor, ask your primary treating physician for a medical report on whether you have any one of the four conditions stated in the box above to see if you qualify to continue treating with your current doctor temporarily.

Your primary treating physician has 20 days from date of your request to give you a copy of his/her medical report on your condition. If your doctor does not give you the report within 20 days of your request, the employer can transfer your care into MPN and you will be required to use an MPN physician.

You will need to give a copy of the report to your employer if you wish to postpone the transfer of your care into MPN. If your employer disagrees with your doctor's report on your condition, you or your employer can dispute it. See complete Continuity of Care policy for more details on the dispute resolution process. For a copy please contact your MPN Contact/Coordinator.

- **What if I have questions or need help?**

The MPN Contact: You may always ask your employer, your claims adjuster, or MPN Coordinator if you require more help or explanation about your work injury medical treatment.

Your MPN Coordinator: Terry Thomas Phone: (888) 500-3344 Ex. 7918

Email: [tthomas@firstcomp.com](mailto:tthomas@firstcomp.com)

***FirstComp Insurance Agency***

120 South Green Valley Parkway; Suite 300  
Henderson, NV 89012

\*\*\*\*\*

**DWC Information & Assistance Officer:**

1-800-736-7401.

If you have concerns, complaints or questions regarding the MPN, the notification process, or your medical treatment after a work-related injury or illness, you can call Information and Assistance Officer at the Division of Workers' Compensation at 1-800-736-7401.

\*\*\*\*\*

**Independent Medical Review:**

If you have questions about the Independent Medical Review process or the Independent Medical Reviewer, you may contact the Division of Workers' Compensation's Medical Unit at:

P.O. Box 71010  
Oakland CA 94612  
1- (800) 794-6900

Keep this information in case you have a work-related injury or illness

**Note to Employer:** A copy of this acknowledgement must be kept in all employees' personnel files.

Acknowledgement of Receipt of  
Employer's Notice of Medical Provider Network

**I acknowledge receipt of my Employer's announcement of its approved Medical Provider Network and have received a copy of Southern/FirstComp's notice of "Employee Guide to MPN" in the event of a work-related injury.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee's full name)

-----

**Notificación Inicial Escrita con Respecto a los Empleador Re de  
Proveedores**

**El abajo firmante reconoce haber recibido la notificación a los empleados con respecto e recibido una copia de Southern/FirstComp red de proveedores médicos bajo la compensación al trabajador de mi empleador**

\_\_\_\_\_  
(Firma)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Fecha)

\_\_\_\_\_  
(Imprimir nombre)

# **Southern Insurance/FirstComp Underwriters Group, Inc. d/b/a FirstComp Insurance Agency**

**Redes de proveedores médicos (MPN)**

**Información importante sobre la atención médica, en caso de sufrir una lesión o  
enfermedad relacionada con el trabajo**

**Guía del Empleado**

**para el tratamiento**

**médico de enfermedades y lesiones**

**relacionadas con el trabajo**

# **Información importante sobre la atención médica, en caso de sufrir una lesión o enfermedad relacionada con el trabajo**

Las leyes de California exigen que el empleador proporcione el tratamiento médico, a su propia costa, en caso de que usted sufra una lesión en el trabajo. El empleador ha optado por proporcionar dicha atención médica por medio de una red de médicos, denominada Red de Proveedores Médicos (MPN, por sus siglas en inglés). El presente aviso le indica lo que usted necesita saber sobre el programa MPN y los derechos que usted tiene a la hora de elegir la atención médica para las lesiones y enfermedades laborales.

## **• ¿Qué es una red MPN?**

Una Red de Proveedores Médicos (MPN) es un grupo de proveedores de la salud (médicos y otros), establecido por una aseguradora o por un empleador que cuente con su propio seguro, y aprobado por el director administrativo de la División de Indemnización de Trabajadores para atender a los trabajadores que resulten lesionados en el trabajo. Cada red MPN debe incluir una variedad de médicos especializados en lesiones laborales, así como otros que se especialicen en diversos campos generales de la medicina. Las redes MPN deben cumplir con las normas relativas al acceso a la atención médica para las más comunes de las lesiones laborales y enfermedades relacionadas con el trabajo. Asimismo, el reglamento exige que los proveedores de la red MPN se rijan por los lineamientos de atención médica adoptados por la División de Indemnización de Trabajadores (DWC, por sus siglas en inglés).

Las redes MPN deben permitir que el empleado elija entre los proveedores de la red, después de la primera consulta del empleado.

## **• ¿Cómo puedo saber cuáles son los médicos que pertenecen a la red MPN?**

La persona de contacto indicada en el presente aviso podrá contestar sus preguntas sobre la red MPN y le ayudará a obtener una lista de todos los médicos de la red MPN que ejerzan en la zona en que usted vive.

La lista de médicos regionales debe incluir, como mínimo, una lista de todos los proveedores de la red MPN que ejerzan dentro de 15 millas de su lugar de trabajo y/o de su casa, o bien una lista de todos los proveedores de la red MPN que ejerzan en el condado en que usted vive y/o trabaja. Usted podrá elegir cuál de las dos listas desea recibir. También tiene el derecho de recibir una lista completa y por escrito de todos los proveedores de la red MPN. Usted podrá obtener la lista de proveedores llamando al coordinador de la red MPN, al teléfono (702) 294-7918, o llamando a su empleador, o bien acudiendo a nuestro sitio web, <https://www.risingvision.net/rising/1C-CA-OpenTalisPt.asp>, y pulsando en "Provider Search" (Búsqueda de proveedores).

## **• ¿Qué sucede si sufro una lesión en el trabajo?**

En caso de emergencia, usted debe llamar al 911 o acudir a la clínica u hospital de cuidados urgentes que se encuentre más cerca de usted.

Si usted resulta lesionado en el trabajo, infórmeselo a su empleador lo más pronto posible. El empleador le entregará un formulario de reclamación. Una vez que usted le informe al empleador o a la aseguradora que ha sufrido una lesión relacionada con el trabajo, el empleador o el administrador de reclamaciones encargado del caso le concertará una cita inicial con un médico de la red MPN. Si por cualquier motivo el empleador o administrador de reclamaciones no hace la cita inicial dentro de 24 horas después de que usted haya informado de la lesión, usted tiene el derecho de acudir a cualquier proveedor de la red MPN o bien al hospital más cercano.

- **¿Cómo elijo a un proveedor?**

Después de la primera consulta, usted podrá seguir recibiendo tratamiento del mismo médico, o bien podrá elegir a otro médico de la red MPN. Usted podrá seguir eligiendo a médicos de la red MPN para toda atención médica que reciba por la lesión. En caso de que corresponda, usted podrá elegir a un especialista o pedirle al médico tratante que lo envíe a un especialista. Si usted necesita ayuda para elegir a un médico, podrá comunicarse con la persona de contacto de la red MPN que se indicó anteriormente. Si el médico primario tratante lo envía a una clase de especialista que no se incluye en la red MPN, usted podrá elegir a un especialista ajeno a la red MPN.

- **¿Puedo recibir tratamiento de mi propio médico?**

Usted podrá recibir tratamiento de su propio médico o doctor en osteopatía únicamente si ya se lo informó por escrito al empleador ANTES de sufrir la lesión. Asimismo, dicho médico debe ser apto para atender la lesión que usted haya sufrido. Para poder ejercer esta opción, usted debe nombrar por anticipado a su médico en un formulario que le entregará el empleador.

- **¿Se me permite cambiar de proveedor?**

Sí. Usted podrá cambiar de proveedor dentro de la red MPN por cualquier razón, pero los proveedores que usted elija deben ser aptos para atender la lesión que usted haya sufrido.

- **¿Cuáles son las normas que la red MPN tiene que cumplir?**

La red MPN cuenta con proveedores para todo el estado de California.

La red MPN le debe entregar una lista regional de proveedores que incluya por lo menos tres médicos de cada campo de especialización que normalmente corresponda al tratamiento de lesiones y enfermedades sufridas en el sector en que usted trabaje. La red MPN debe permitir el acceso a médicos primarios dentro de 15 millas y a especialistas dentro de 30 millas. Si usted vive en una zona rural, es posible que corresponda otra norma.

El médico de la red MPN debe proporcionar, para servicios no de emergencia, un tratamiento inicial dentro de tres días. Asimismo, usted debe recibir el tratamiento de un especialista dentro de 20 días después de que usted lo haya solicitado. Si usted tiene dificultades para hacer una cita, comuníquese con el coordinador de la red MPN o con la persona de contacto indicada más abajo.

- **¿Qué sucede si no hay proveedores en la zona en que yo vivo?**

Si usted es un empleado actual que vive en una zona rural o que trabaja o vive temporalmente fuera de la zona de servicio de la red MPN, o bien si es un ex empleado que vive permanentemente fuera de dicha zona, la red MPN o el médico tratante le entregará una lista de por lo menos tres médicos que lo podrán atender. Asimismo, la red MPN podrá permitir que usted elija a un médico ajeno a la red MPN. Comuníquese con la red MPN si necesita ayuda para encontrar a un médico o para obtener más información.

- **¿Qué tal si necesito acudir a un especialista que no pertenece a la red MPN?**

Si necesita acudir a un especialista que no pertenece a la red MPN, usted tiene derecho a acudir a un especialista ajeno a la red MPN.

- ¿Qué tal si no estoy de acuerdo con el médico en cuanto a la atención médica?

Si no está de acuerdo con el médico, usted siempre tiene la opción de elegir a otro médico de la red MPN.

Si no está de acuerdo con el diagnóstico o tratamiento indicado por el médico, usted podrá solicitar, oralmente o por escrito, una segunda opinión de otro médico de la red MPN. En tal caso, se le informará al empleado de su derecho de solicitar que se remita una copia del expediente médico al médico que dará la segunda opinión. Si usted desea obtener una **segunda opinión**, deberá comunicarse con la persona de contacto de la red MPN o con el administrador de reclamaciones encargado, para informarle que usted desea obtener una segunda opinión. En ese momento usted tiene derecho a solicitar que se envíe copia del expediente médico al médico que dará la segunda opinión. La persona de contacto se cerciorará de que usted tiene una lista regional de médicos de la red MPN, de los que usted podrá elegir. Usted podrá elegir entonces a cualquier médico de la red MPN y hacer una cita dentro de 60 días. Usted deberá informar de la fecha de la cita a la persona de contacto de la red MPN o al administrador de reclamaciones que le corresponda.

A lo largo del proceso, usted deberá seguir recibiendo tratamiento del médico primario tratante de la red MPN.

Si usted no hace la cita dentro de 60 días, no se le permitirá obtener una segunda opinión respecto al diagnóstico o tratamiento con el que usted no está de acuerdo.

Si el médico elegido para la segunda opinión considera que la lesión no es de la clase de lesiones que normalmente atiende, su consultorio se lo informará al empleador o a la aseguradora, y usted recibirá una nueva lista de médicos o especialistas de la red MPN, de los que usted podrá elegir.

Después de recibir la segunda opinión, si usted no está de acuerdo con el médico, usted podrá solicitar, oralmente o por escrito, una tercera opinión. Si usted desea obtener una **tercera opinión**, deberá comunicarse con la persona de contacto de la red MPN o con el administrador de reclamaciones encargado, para informarle que usted desea obtener una tercera opinión. En ese momento usted tiene derecho a solicitar que se envíe copia del expediente médico al médico que dará la tercera opinión. Ellos se cerciorarán de que usted tiene una lista regional de médicos de la red MPN, de los que usted podrá elegir. Podrá elegir entonces a cualquier médico de la red MPN y hacer una cita dentro de 60 días. **Usted deberá informar de la fecha de la cita al coordinador de la red MPN.**

Si usted no hace la cita dentro de 60 días, no se le permitirá obtener una tercera opinión respecto al diagnóstico o tratamiento con el que usted no está de acuerdo.

Si el médico elegido para la tercera opinión considera que la lesión no es de la clase de lesiones que normalmente atiende, su consultorio se lo informará al empleador o a la aseguradora, y usted recibirá una nueva lista de médicos o especialistas de la red MPN, de los que usted podrá elegir.

Si usted no está de acuerdo con el médico después de recibir la tercera opinión, podrá solicitar una **Revisión Médica Independiente (IMR, por sus siglas en inglés)**. Su empleador o la persona de contacto de la red MPN le proporcionará información sobre cómo solicitar la Revisión Médica Independiente, y se le habrá enviado la solicitud correspondiente al solicitar la tercera opinión.

La Revisión Médica Independiente estará a cargo de un médico ajeno a la red MPN y seleccionado por el director administrativo, para que efectúe una evaluación independiente de la controversia.

Siempre y cuando el autor de la segunda opinión, tercera opinión o Revisión Médica Independiente coincida con el médico tratante, usted deberá seguir recibiendo la atención médica de los médicos de la red MPN.

Si el autor de la segunda opinión, tercera opinión o Revisión Médica Independiente no coincide con el médico tratante, a usted se le permitirá recibir esa atención médica de un proveedor, sea o no integrante de la red MPN de SOUTHERN/FIRSTCOMP. Si usted opta por recibir tratamiento de un proveedor ajeno a la red MPN, ello puede ser únicamente para el tratamiento o diagnóstico recomendado por la segunda opinión, tercera opinión o Revisión Médica Independiente.

- **¿Qué sucederá si ya estoy recibiendo tratamiento para una lesión relacionada con el trabajo, antes de que la red MPN entre en vigencia?**

Su empleador o aseguradora tiene una norma sobre el "traslado de la atención médica", la cual indica lo que sucederá si un médico no integrante de la red MPN lo atiende actualmente para una lesión relacionada con el trabajo. Se encuentra disponible, previa solicitud, una copia de dicha norma.

Si usted ya designó, de la manera indicada, a su propio médico primario antes de ocurrir la lesión, no podrá trasladarse a la red MPN. (Si tiene preguntas sobre la designación previa, consulte con el empleador.) Si el médico tratante no pertenece a la red MPN, es posible que usted tenga que acudir a un médico de la red MPN.

Si su empleador decide trasladarlo a usted a la red MPN, usted y el médico tratante recibirán una carta en la que se informará del traslado.

- **¿Podré seguir recibiendo tratamiento con mi propio médico?**

Si usted reúne determinadas condiciones, es posible que pueda seguir recibiendo tratamiento de un médico ajeno a la red MPN hasta un año antes de trasladarse a la red MPN. En el recuadro siguiente se indican las condiciones que deberán cumplirse para poder postergar el traslado de la atención médica a la red MPN:

1. **Aguda.** El tratamiento de la lesión o enfermedad habrá finalizado dentro de 90 días.
2. **Grave o crónica.** La lesión o enfermedad es grave y continúa durante 90 días o más sin curarse por completo, o bien empeora, y exige un tratamiento continuo. La red MPN autorizará la continuación del tratamiento hasta un año y realizará los trámites para el traslado, en cuanto sea factible, a otro proveedor de la red MPN. El plazo de un año para continuar el tratamiento corre desde la fecha en que se determinara que usted recibió una notificación sobre una afección crónica y grave.
3. **Terminal.** Usted padece una enfermedad incurable o una afección irreversible que probablemente ocasionará la muerte dentro de un año.
4. **Cirugía pendiente.** Usted ya tiene programada, para 180 días o menos a partir de la fecha de vigencia de la red MPN, una intervención quirúrgica u otro procedimiento autorizado por el empleador o aseguradora.

Usted podrá objetar la decisión del empleador de trasladar la atención médica a la red MPN. Si usted no está de acuerdo con dicho traslado, solicite al médico primario tratante un informe médico en que indique si usted reúne alguna de las cuatro condiciones mencionadas, para poder postergar el traslado a la red MPN.

El médico primario tratante tendrá 20 días, contados a partir de la fecha en que usted se lo solicite, para entregarle una copia de su informe sobre su afección médica. Si el médico no le entrega el informe dentro de 20 días después de que usted se lo haya solicitado, el empleador podrá trasladar la atención médica a la red MPN, y usted tendrá que acudir a un médico de dicha red.

Deberá entregar una copia del informe a su empleador si usted desea postergar el traslado de la atención médica. Si usted o su empleador no está de acuerdo con el informe del médico sobre su afección, usted o su empleador podrá objetarlo. Para conocer más detalles sobre el proceso de resolución de controversias, consulte la norma sobre el traslado de la atención médica.

Para obtener una copia de la norma sobre el traslado de la atención médica, pídasela a la persona de contacto de la red MPN.

• **¿Qué sucede si me atiende un médico de la red MPN que después abandona la red?**

Su empleador o aseguradora tiene una “Norma sobre la continuidad de la atención médica”, por la cual usted podrá seguir recibiendo tratamiento del médico aunque este ya no participe activamente de la red MPN de Southern/FirstComp. Se encuentra disponible, previa solicitud, una copia de dicha norma.

Si el empleador determina que usted no reúne los requisitos para continuar recibiendo atención médica de un médico ajeno a la red MPN, usted y su médico deberán recibir un aviso al respecto.

Si usted reúne determinadas condiciones, es posible que pueda seguir recibiendo tratamiento del mismo médico hasta un año antes de que tenga que pasar a un médico de la red MPN. Dichas condiciones vienen indicadas en el recuadro anterior (titulado “¿Podré seguir recibiendo tratamiento con mi propio médico?”).

Usted podrá objetar la decisión del empleador de denegar la continuación de la atención médica del proveedor recién excluido de la red MPN. Si usted desea seguir recibiendo tratamiento con dicho médico,

solicite al médico primario tratante un informe médico en que indique si usted reúne alguna de las cuatro condiciones mencionadas en el recuadro anterior, para poder seguir recibiendo, a **título temporal**, tratamiento del mismo médico.

El médico primario tratante tendrá 20 días, contados a partir de la fecha en que usted se lo solicite, para entregarle una copia de su informe sobre su afección médica. Si el médico no le entrega el informe dentro de 20 días después de que usted se lo haya solicitado, el empleador podrá trasladar la atención médica a la red MPN, y usted tendrá que acudir a un médico de dicha red.

Deberá entregar una copia del informe a su empleador si usted desea postergar el traslado de la atención médica a la red MPN. Si su empleador no está de acuerdo con el informe del médico sobre su afección, usted o su empleador podrá objetarlo. Consulte la norma sobre la continuidad de la atención médica para conocer más detalles sobre el procedimiento de resolución de controversias. Para obtener una copia de dicha norma, comuníquese con la persona de contacto o el coordinador de la red MPN.

• **¿Qué hago si tengo preguntas o si necesito ayuda?**

Persona de contacto de la red MPN: Las preguntas siempre pueden dirigirse al empleador, al ajustador de seguros o al coordinador de la red MPN, si usted necesita ayuda o explicaciones sobre el tratamiento médico de las lesiones laborales. Asimismo, se puede consultar el sitio web de la red MPN: <https://www.risingvision.net/rising/1C-CA-OpenTalisPt.asp>

**Coordinador de la red MPN:** Terry Thomas Teléfono: (888) 500-3344 Ext. 7918

E-mail: [tthomas@firstcomp.com](mailto:tthomas@firstcomp.com)

**FirstComp Insurance Agency**

120 South Green Valley Parkway, Suite 300 Henderson, NV 89012

\*\*\*\*\*

### **Encargado de información y ayuda de la DWC:**

Si usted tiene alguna inquietud, queja o pregunta sobre la red MPN, sobre el procedimiento de notificación o sobre el tratamiento médico después de sufrir una lesión o enfermedad relacionada con el trabajo, se puede llamar al encargado de información y ayuda de la División de Indemnización de Trabajadores (DWC), al teléfono 1-800-736-7401.

\*\*\*\*\*

### **Revisión Médica Independiente:**

Si usted tiene preguntas sobre los trámites de la Revisión Médica Independiente o sobre el encargado de realizar dicha revisión, se puede consultar a la Unidad Médica de la División de Indemnización de Trabajadores:

Division of Workers' Compensation Medical Unit  
P.O. Box 71010  
Oakland CA 94115  
1- (800) 794-6900

Se recomienda guardar esta información, por si sufre una lesión o enfermedad relacionada con el trabajo.

**Note to Employer:** A copy of this acknowledgement must be kept in all employees' personnel files.

## **Acknowledgement of Receipt**

of Employer's Notice of Medical Provider Network

**I acknowledge receipt of my Employer's announcement of its approved Medical Provider Network and have received a copy of Southern/FirstComp's notice of "Employee Guide to MPN" in the event of a work-related injury.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee's full name)

-----

## **Notificación Inicial Escrita con Respecto a los Empleador Re de Proveedores**

**El abajo firmante reconoce haber recibido la notificación a los empleados con respecto e recibido una copia de Southern/FirstComp red de proveedores médicos bajo la compensación al trabajador de mi empleador**

\_\_\_\_\_  
(Firma)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Fecha)

\_\_\_\_\_  
(Imprimir nombre)

## EMPLOYEE PHYSICIAN PREDESIGNATION FORM

### TO BE COMPLETED PRIOR TO DATE OF INJURY

I acknowledge receipt of my insurer's notice of its approved Medical Provider Network for any work-related injuries I may have in the future.

At this time I wish to use my own predesignated physician and affirm he/she has treated me in the past and has retained my medical records for my past medical care:

Physician Name: _____ M.D. or _____ D.O. (Specify)
Physician Address: _____ (Street)
_____ (City) _____ (Zip Code)
Physician Phone No: (____) _____ -- _____
<b>Physician:</b> I agree to this predesignation for: _____ (Employee name)
_____ (Employee Address)
_____ Physician's Signature _____ Date

I understand that my physician must agree to act as my Primary Treating Physician under Southern Insurance Company/FirstComp Underwriters Group, Inc. d/b/a Southern/FirstComp Insurance Agency MPN for my work-related injury. In the event the above named physician is not appropriate for my work related injury or does not agree to act in this capacity, I will be required to seek care with one of my employer's MPN physicians or facilities.

I agree to the above conditions.

\_\_\_\_\_  
(Employee's Signature) (Date)

\_\_\_\_\_  
(Employee's Full Name)

**Note to predesignated physician:** By agreeing to treat this patient for work related injuries, you also agree to abide by the Division of Workers' Compensation (DWC) rules pertaining to Primary Treating Physician's reporting duties pursuant to Title 8, California Code of Regs, § 9785, *et seq.*

**Formulario para la previa designación del medico por parte del empleado  
ESTE FORMULARIO TIENE QUE PRESENTARSE ANTES DE LA FECHA DE LA  
LESION**

**Reconozco que he recibido una de la empresa aseguradora sobre su Red de Proveedores de servicios Médicos aprobados para cualquier lesión relacionada con el trabajo que yo sufra en el futuro.**

En este momento, deseo utilizar mi(s) propio(s) medico(s) “previamente designado(s)” y declaro bajo protesta de decir la verdad que dicho(s) proveedor(s) me ha(n) tratado en pasado. Dicho(s) medico(s) se nombra(n) a continuación:

Physician Name: _____ M.D. or _____ D.O. (Specify)
Physician Address: _____ (Street)
_____ (City) _____ (Zip Code)
Physician Phone No: (____) _____--_____
<b>Physician:</b> I agree to this Predesignation for: _____ (Employee name)
_____ (Employee Address)
_____ Physician's Signature _____ Date

Comprendo que mi medico tendrá que aceptar actuar como Proveedor Tratante Principal bajo el Southern Insurance Company/FirstComp Underwriters Group, Inc. d/b/a FirstComp Insurance Agency MPN programa de compensación por lesiones y enfermedad laborales del asegurador, en relación con mi lesión labora.

Estoy conforme con las condiciones antes expuestas.

\_\_\_\_\_  
(Firma) (Fecha)

\_\_\_\_\_  
(Nombre completo en letra de molde)

**Note to predesignated physician:** By agreeing to treat this patient for work related injuries, you also agree to abide by the Division of Workers' Compensation (DWC) rules pertaining to Primary Treating Physician's reporting duties pursuant to Title 8, California Code of Regs, § 9785, *et seq.*

**Southern/FirstComp Insurance Agency**  
FirstComp, P.O. Box 3009, Omaha, NE 68102-1680

## FIRSTCOMP Medical Provider Networks

**In serious emergency situations, transport the employee to the nearest appropriate medical facility even if the facility is not a member of your MPN.**

**You Can Access a Medical Provider Network (MPN) in or near your geographic location at:**

<https://www.risingvision.net/rising/1C-CA-OpenTalisPt.asp>

**INSTRUCTIONS** After logging on please click “**Provider Search**”, then select any of the categories listed, such as “**Urgent Care**” or “**Occupational Medicine**” and in the second box in the lower portion of the screen, enter your “**City**” and “**State**” and click Search.

You will then be provided with a list of physicians and /or medical facilities. By clicking on the name of the provider, the address and phone number will be displayed as well as the ability for maps and directions, if needed. The search can also be conducted by zip code but the City and State must be cleared. Employers should check the list to make sure the phone number and addresses of the selected medical providers are current as these change frequently and also to see if their current facility is already in our MPN.

After selecting the medical provider, the medical facility should be called to notify them of the fact that they were selected because they are in the MPN program and give them FirstComp’s phone number and address

**When an employee is injured refer them to your selected MPN medical facility for initial primary care and treatment. An employee may request a change of physician and select another physician only from within the MPN.**

If you have any questions regarding the MPN, contact FirstComp’s MPN Coordinator at (888) 500-3344 Ext. 7918.

In addition to MPN, we also provide the re-pricing of medical bills, medical case management, utilization review and rehabilitation of the injured workers.

Immediately report all injuries by phone to (888) 500-3344 and follow up with completing Form 5020