PRINT CLEAR

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:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- 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 nonoccupational 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:

_____

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

_____

Employee's Signature _____Date: _____

Physician: I agree to this Predesignation:

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.

City of SACRAMENTO
Department of Human Resources

MEDICAL TREATMENT FACILITIES for Employees Injured at Work

Mercy Medical Group Occupational Health Centers / ER

MIDTOWN	ELK GROVE	FOLSOM
3000 Q Street - 4th Floor	**9394 Big Horn Blvd**	**1700 Prairie City Road**
Sacramento, CA 95816	**Elk Grove, CA 95758**	**Folsom, CA 95630**
(916) 733-3390 Phone	(916) 691-8505 Phone	(916) 351-4800 Phone
7:00am-5:00pm (M – F)	**8:00am-3:45pm (M – F)**	**8:00am-4:30pm (M – F)**

After hours, weekends, & holidays	Mercy General Hospital
URGENT CARE	**EMERGENCY ROOM**
3000 Q Street - 1st Floor	**4001 J Street**
Sacramento, CA 95816	**Sacramento, CA 95819**
(916) 733-3435 Phone	(916) 453-4428 Phone
7am-7pm (M-F) / 9am-5pm (S-S)	**OPEN 24 HOURS**

Kaiser Permanente Occupational Health Centers / ER's

Employees injured at work can seek medical treatment at Kaiser even if they are not a Kaiser Member

SACRAMENTO	SOUTH SACRAMENTO
2016 Morse Avenue	**6600 Bruceville Road, Building 3 - 2nd Floor**
Sacramento, CA 95825-2135	**Sacramento, CA 95823-3025**
(916) 973-5499 Phone **8:30am-5:00pm (M – F)**	(916) 688-2005 Phone **8:30am-5:00pm (M – F)**
After hours, weekends, & holidays	**After hours, weekends, & holidays**
EMERGENCY ROOM	**EMERGENCY ROOM**
2025 Morse Avenue	**6600 Bruceville Road**
(916) 973-6600 Phone	(916) 688-2000 Phone
OPEN 24 HOURS	**OPEN 24 HOURS**
ROSEVILLE	**FOLSOM**
1600 Eureka Road, Building C-1st Floor	**2155 Iron Point Road - 2nd Floor**
Roseville, CA 95661-3027	**Folsom, CA 95630-8707**
(916) 784-4100 Phone **8:30am-5:00pm (M – F)**	(916) 817-5660 Phone **8:30am-5:00pm (M – F)**
After hours, weekends, & holidays	**NO EMERGENCY ROOM**
EMERGENCY ROOM	**AT THIS LOCATION**
1600 Eureka Road	
(916) 784-5380 Phone	
OPEN 24 HOURS	

OTHER EMERGENCY ROOMS IN THE DOWNTOWN SACRAMENTO AREA

Sutter General Hospital		UC Davis Medical Center
2801 L Street	**OPEN**	**2315 Stockton Blvd**
(916) 733-3003 Phone	**24 HOURS**	**(916) 734-2011 Phone**

If your employee has chest pain, loss of consciousness, uncontrolled bleeding, severe head/neck injury, compound fracture, or amputation call 911 immediately & have them transported to the nearest ER.

If your employee has heat stress there is no need to call 911, however, the employee needs to be taken to an ER or URGENT CARE where an IV can be administered.

Risk Management Division, Workers' Compensation
Main: (916) 808-5741; Fax: (916) 808-8216
915 I Street, 4th Floor
Sacramento, CA 95814-2604

Interoffice Mail Code #: 9810-WC

Rev. 01/29/14