



# AmTrust North America

An AmTrust Financial Company

AmTrust Providers for: AmTrust Roster of Treating Physicians

10/18/2021

Providers grouped by county, city and specialty, listed in name order.

(cont)

Thousand Oaks, CA 91362  
805-496-4469

**Caso, Philip, DC**

516 Pennsfield Pl Ste 100  
Thousand Oaks, CA 91360  
805-373-0097

**Celaya, Gregory, DC**

1325 E Thousand Oaks Blvd Ste 104  
Thousand Oaks, CA 91362  
805-371-6144

**Delfo, Hans, DC**

268 Lombard St  
Thousand Oaks, CA 91360  
805-495-8300

**Dollase, Sharon, DC**

3180 Willow Ln Ste 204  
Thousand Oaks, CA 91361  
805-495-2127

**Hwang, David, DC**

268 Lombard St Ste B  
Thousand Oaks, CA 91360  
805-777-9277

**Janousek, Peter, DC**

Janousek Chiropractic  
60 Rancho Rd Ste 1  
Thousand Oaks, CA 91362  
805-495-3811

**Khodabakhshian, Sevak, DC**

Omega Rehab & Sport  
325 Rolling Oaks Dr Ste 250  
Thousand Oaks, CA 91361  
805-230-1199

**Marrone, Stephen, DC**

(cont)

3180 Willow Ln Ste 102  
Thousand Oaks, CA 91361  
805-379-2595

**Robotham, Julie, DC**

1325 E Thousand Oaks Blvd Ste 104  
Thousand Oaks, CA 91362  
805-371-6144

**Wagner, Sean, DC**

268 E Lombard St  
Thousand Oaks, CA 91360  
805-495-8300

**Dermatology**

**Ezra, Navid, MD**

3095 Old Conejo Rd Ste 200  
Thousand Oaks, CA 91320  
805-222-5803

**Khadavi, Alex, MD**

Dermatology & Laser Medical Center Inc  
415 Rolling Oaks Dr Ste 110  
Thousand Oaks, CA 91361  
805-557-1740

**Milani Nejad, Nima, MD**

UCLA Department of Medicine Professional Group  
UCLA Dermatology Med Grp  
UCLA Medical Group  
100 Moody Ct Ste 200  
Thousand Oaks, CA 91360  
805-418-3500

**Family/General Practice**

**Cohen, Wendy, MD**

Howell Healthcare Thousand Oaks Inc  
166 N Moorpark Rd Ste 102 104  
Thousand Oaks, CA 91360  
805-371-4499

**Golzari, Majid, MD**

West Oaks Urgent Care  
1141 E Thousand Oaks Blvd  
Thousand Oaks, CA 91362  
805-496-4200

**Howell, Julina, MD**

Adult & Pediatric Urgent Care  
Howell Healthcare Thousand Oaks Inc  
166 N Moorpark Rd Ste 104  
Thousand Oaks, CA 91360  
805-371-4499

**Lindberg, Frederick, MD**

Lakeside Community Healthcare  
612 E Janss Rd  
Thousand Oaks, CA 91360  
805-373-0725

**Liu, Joey, MD**

Thousand Oaks Urgent Care  
620 E Janss Rd  
Thousand Oaks, CA 91360  
805-495-6866

**Preston, Krista, DO**

Adult & Pediatric Urgent Care  
Howell Healthcare Thousand Oaks Inc  
166 N Moorpark Rd Ste 102 104  
Thousand Oaks, CA 91360  
805-371-4499

**Reddy, Deepa, MD**

Lakeside Community Healthcare



# AmTrust North America

An AmTrust Financial Company

*Provide 24/7 Toll-Free Claim Reporting*

**For ALL States**

Phone: (866) 272-9267

Fax: (775) 908-3724 or (877) 669-9140

Email: [Amtrustclaims@qrm-inc.com](mailto:Amtrustclaims@qrm-inc.com)

Online: [www.amtrustfinancial.com](http://www.amtrustfinancial.com) (Must Register)

TWC4031620  
POLICY

**Information Required for All Claims reported.**

1. Name of the insured and policy number
2. Date, Time & Place of Accident
3. Description of accident or incident
4. Name, phone and/or e-mail of person making the report

AM TRUST 30121402  
ACT.

**Additional Information Required for Specific Claim Types**

**A. For Workers' Compensation**

1. **MUST have the injured employee's social security number as it is required by law**
2. Description of injury

**B. For Property Claims**

1. Physical address of the loss
2. If more than one building on property must have specific building(s) involved
3. Type of loss, i.e., Fire, Theft, etc.
4. Description of loss or damage

**C. For Motor Vehicle (Auto) Claims**

1. Name, address and contact information of **ALL** parties involved.
2. Make, model and VIN of the insured vehicle
3. Make, model of all other vehicles involved
4. Current location of all vehicles
5. Name and contact information **for each driver and all passengers**
6. Name and contact information any known witnesses

**D. For General Liability Claims**

1. Physical address of where the loss occurred
2. Name, address and contact information for all persons claiming injury or damage
3. Name and contact information any known witnesses

# DIVISION OF WORKERS' COMPENSATION

FACTSHEET

## What is workers' compensation?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from doing the same motion over and over, losing your hearing because of constant loud noise.

## What are the benefits?

- **Medical care:** Paid for by your employer, to help you recover from an injury or illness caused by work.
- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering.
- **Permanent disability benefits:** Payments if you don't recover completely.
- **Supplemental job displacement benefits** (if your date of injury is in 2004 or later): Vouchers to help pay for retraining or skill enhancement if you don't recover completely and don't return to work for your employer.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness.

## What should I do if I have a job injury?

### Report the injury to your employer

Tell your supervisor right away. If your injury or illness developed gradually (like tendinitis or hearing loss), report it as soon as you learn or believe it was caused by your job.



Photos by Robert Gumpoert

*Minimizing the impact of work-related injuries and illnesses*



*Helping resolve disputes over workers' compensation benefits*



*Monitoring the administration of claims*

### **Get emergency treatment if needed**

If it's a medical emergency, go to an emergency room right away. Your employer may tell you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job-related.

### **Fill out a claim form and give it to your employer**

Your employer must give or mail you a claim form (DWC 1) within one working day after learning about your injury or illness. Use it to request workers' compensation benefits.

### **Get good medical care**

Get good medical care to help you recover. You should be treated by a doctor who understands your particular type of injury or illness. Tell the doctor about your symptoms and the events at work that you believe caused them. Also describe your job and your work environment.

### **I'm afraid I might be fired because of my injury. Can my employer fire me?**

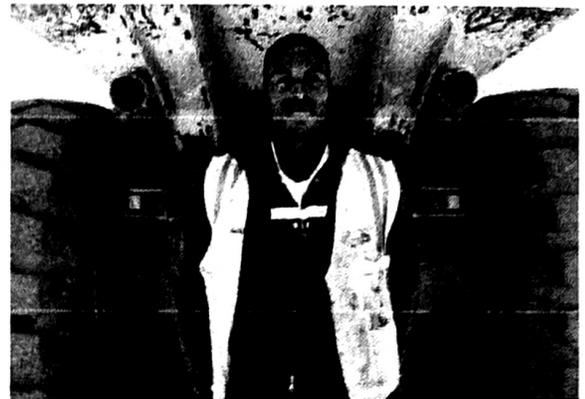
It's illegal for your employer to punish or fire you for having a job injury, or for filing a workers' compensation claim when you believe your injury was caused by your job.

If you feel your job is threatened, find someone who can help. Note that there are deadlines for taking action to protect your rights.

The California Division of Workers' Compensation (DWC) is the state agency that oversees the delivery of benefits for injured workers and helps resolve disputes over benefits between injured workers and employers.

DWC information and assistance (I & A) officers can help you navigate the workers' compensation system, and can provide claim forms or other forms you need to receive benefits.

*The FREE publication, "A Guidebook for Injured Workers," can be downloaded from [www.dwc.ca.gov](http://www.dwc.ca.gov).*



*Call 1-800-736-7401 to hear recorded information on a variety of workers' compensation topics 24 hours a day, or go on line to [www.dwc.ca.gov](http://www.dwc.ca.gov) to find the I & A office near you.*

*Please visit the  
DIVISION OF WORKERS' COMPENSATION  
Web site at: [www.dwc.ca.gov](http://www.dwc.ca.gov)  
or call 1-800-736-7401*

## TIME OF HIRE PAMPHLET

This pamphlet, or a similar one that has been approved by the Administrative Director, must be given to all newly hired employees in the State of California. Employers and claims administrators may use the content of this document and put their logos and additional information on it. The content of this pamphlet applies to all industrial injuries that occur on or after January 1, 2013.

### WHAT IS WORKERS' COMPENSATION?

If you get hurt on the job, your employer is required by law to pay for workers' compensation benefits. You could get hurt by:

One event at work. Examples: hurting your back in a fall, getting burned by a chemical that splashes on your skin, getting hurt in a car accident while making deliveries.

—or—

Repeated exposures at work. Examples: hurting your wrist from using vibrating tools, losing your hearing because of constant loud noise.

—or—

Workplace crime. Examples: you get hurt in a store robbery, physically attacked by an unhappy customer.

### Discrimination is illegal

It is illegal under Labor Code section 132a for your employer to punish or fire you because you:

- File a workers' compensation claim
- Intend to file a workers' compensation claim
- Settle a workers' compensation claim
- Testify or intend to testify for another injured worker.

If it is found that your employer discriminated against you, he or she may be ordered to return you to your job. Your employer may also be made to pay for lost wages, increased workers' compensation benefits, and costs and expenses set by state law.

### WHAT ARE THE BENEFITS?

- **Medical care:** Paid for by your employer to help you recover from an injury or illness caused by work. Doctor visits, hospital services, physical therapy, lab tests and x-rays are some of the medical services that may be provided. These services should be necessary to treat your injury. There are limits on some services such as physical and occupational therapy and chiropractic care.

- **Temporary disability benefits:** Payments if you lose wages because your injury prevents you from doing your usual job while recovering. The amount you may get is up to two-thirds of your wages. There are minimum and maximum payment limits set by state law. You will be paid every two weeks if you are eligible. For most injuries, payments may not exceed 104 weeks within five years from your date of injury. Temporary disability (TD) stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to.
- **Permanent disability benefits:** Payments if you don't recover completely. You will be paid every two weeks if you are eligible. There are minimum and maximum weekly payment rates established by state law. The amount of payment is based on:
  - Your doctor's medical reports
  - Your age
  - Your occupation
- **Supplemental job displacement benefits:** This is a voucher for up to \$6,000 that you can use for retraining or skill enhancement at an approved school, books, tools, licenses or certification fees, or other resources to help you find a new job. You are eligible for this voucher if:
  - You have a permanent disability.
  - Your employer does not offer regular, modified, or alternative work, within 60 days after the claims administrator receives a doctor's report saying you have made a maximum medical recovery.
- **Death benefits:** Payments to your spouse, children or other dependents if you die from a job injury or illness. The amount of payment is based on the number of dependents. The benefit is paid every two weeks at a rate of at least \$224 per week. In addition, workers' compensation provides a burial allowance.

### **OTHER BENEFITS**

You may file a claim with the Employment Development Department (EDD) to get state disability benefits when workers' compensation benefits are delayed, denied, or have ended. There are time restrictions so for more information contact the local office of EDD or go to their web site [www.edd.ca.gov](http://www.edd.ca.gov).

If your injury results in a permanent disability (PD) and the state determines that your PD benefit is disproportionately low compared to your earning loss, you may qualify for additional money from the Department of Industrial Relation's special earnings loss supplement program also known as the return to work program. If you have questions or think you qualify, contact the Information & Assistance Unit by going to [www.dwc.ca.gov](http://www.dwc.ca.gov) and looking under "Workers'

Compensation programs and units” for the “Information & Assistance Unit” link or visit the DIR web site at [www.dir.ca.gov](http://www.dir.ca.gov).

**Workers' compensation fraud is a crime**

Any person who makes or causes to be made any knowingly false statement in order to obtain or deny workers' compensation benefits or payments is guilty of a felony. If convicted, the person will have to pay fines up to \$150,000 and/or serve up to five years in jail.

**WHAT SHOULD I DO IF I HAVE AN INJURY?**

**Report your injury to your employer**

Tell your supervisor right away no matter how slight the injury may be. Don't delay – there are time limits. You could lose your right to benefits if your employer does not learn of your injury within 30 days. If your injury or illness is one that develops over time, report it as soon as you learn it was caused by your job.

If you cannot report to the employer or don't hear from the claims administrator after you have reported your injury, contact the claims administrator yourself.

**Workers' compensation insurance company or if employer is self-insured, person responsible for handling the claim is:**

AmTrust Financial Services, Inc.

Address: P.O. Box 89404, Cleveland, OH 44101

Phone: 844-601-7760

You may be able to find the name of your employer's workers' compensation insurer at [www.caworkcompcoverage.com](http://www.caworkcompcoverage.com). If no coverage exists or coverage has expired, contact the Division of Labor Standards Enforcement at [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE) as all employees must be covered by law.

**Get emergency treatment if needed**

If it's a medical emergency, go to an emergency room right away. Tell the medical provider who treats you that your injury is job related. Your employer may tell you where to go for follow up treatment.

**Emergency telephone number:** Call 911 for an ambulance, fire department or police. For non-emergency medical care, contact your employer, the workers' compensation claims administrator or go to this facility:

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**Fill out DWC 1 claim form and give it to your employer**

Your employer must give you a DWC 1 claim form within one working day after learning about your injury or illness. Complete the employee portion, sign and give it back to your employer. Your employer will then file your claim with the claims administrator. Your employer must authorize treatment within one working day of receiving the DWC 1 claim form.

If the injury is from repeated exposures, you have one year from when you realized your injury was job related to file a claim.

In either case, you may receive up to \$10,000 in employer-paid medical care until your claim is either accepted or denied. The claims administrator has up to 90 days to decide whether to accept or deny your claim. Otherwise your case is presumed payable.

Your employer or the claims administrator will send you "benefit notices" that will advise you of the status of your claim.

**MORE ABOUT MEDICAL CARE**

**What is a Primary Treating Physician (PTP)?**

This is the doctor with overall responsibility for treating your injury or illness. He or she may be:

- The doctor you name in writing *before* you get hurt on the job
- A doctor from the medical provider network (MPN)
- The doctor chosen by your employer during the first 30 days of injury if your employer does not have an MPN or
- The doctor you chose after the first 30 days if your employer does not have an MPN.

**What is a Medical Provider Network (MPN)?**

An MPN is a select group of health care providers who treat injured workers. Check with your employer to see if they are using an MPN.

If you have not named a doctor before you get hurt and your employer is using an MPN, you will see an MPN doctor. After your first visit, you are free to choose another doctor from the MPN list.

**What is Predesignation?**

Predesignation is when you name your regular doctor to treat you if you get hurt on the job. The doctor must be a medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or a medical group with an M.D. or D.O. You must name your doctor in writing *before* you get hurt or become ill.

You may predesignate a doctor if you have health care coverage for non-work injuries and illnesses. The doctor must have:

- Treated you
- Maintained your medical history and records before your injury and
- Agreed to treat you for a work-related injury or illness before you get hurt or become ill.

You may use the “predesignation of personal physician” form included with this pamphlet. After you fill in the form, be sure to give it to your employer.

If your employer does not have an approved MPN, you may name your chiropractor or acupuncturist to treat you for work related injuries. The notice of personal chiropractor or acupuncturist must be in writing *before* you get hurt. You may use the form included in this pamphlet. After you fill in the form, be sure to give it to your employer.

With some exceptions, state law does not allow a chiropractor to continue as your treating physician after 24 visits. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management.

Exceptions to the prohibition on a chiropractor continuing as your treating physician after 24 visits include postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule, or if your employer has authorized additional visits in writing.

#### WHAT IF THERE IS A PROBLEM?

If you have a concern, speak up. Talk to your employer or the claims administrator handling your claim and try to solve the problem. If this doesn’t work, get help by trying the following:

**Contact the Division of Workers’ Compensation (DWC) Information and Assistance (I&A) Unit**  
All 24 DWC offices throughout the state provide information and assistance on rights, benefits and obligations under California's workers' compensation laws. I&A officers help resolve disputes without formal proceedings. Their goal is to get you full and timely benefits. Their services are free.

To contact the nearest I&A Unit, go to [www.dwc.ca.gov](http://www.dwc.ca.gov) and under “Workers’ Compensation programs and units”, click on “Information & Assistance Unit.” At this site you will find fact sheets, guides and information to help you.

The nearest I&A Unit is located at:

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_.

### **Consult with an attorney**

Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fees may be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their website at [www.californiaspecialist.org](http://www.californiaspecialist.org). You may get a list of attorneys from your local I&A Unit or look in the yellow pages.

### **Warning**

Your employer may not pay workers' compensation benefits if you get hurt in a voluntary off-duty recreational, social or athletic activity that is not part of your work-related duties.

### **Additional rights**

You may also have other rights under the Americans with Disabilities Act (ADA) or the Fair Employment and Housing Act (FEHA). For additional information, contact FEHA at (800) 884-1684 or the Equal Employment Opportunity Commission (EEOC) at (800) 669-4000.

The information contained in this pamphlet conforms to the informational requirements found in Labor Code sections 3551 and 3553 and California Code of Regulation, Title 8, sections 9880 and 9883. This document is approved by the Division of Workers' Compensation administrative director.

Revised 6/17/14 and effective for dates of injuries on or after 1/1/13



Optum  
PO Box 152539  
Tampa, FL 33684-2539

## MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

### Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to a local pharmacy that participates in the Optum Tmesys® Pharmacy Benefit Network (PBN) and give this temporary card to the pharmacist. Pursuant to applicable California statutes and regulations your workers' compensation insurer or third-party administrator and Optum, your workers' compensation pharmacy partner, will be administering your benefits as part of a PBN. Medications (and other services) prescribed for treating your work injury can be obtained only from companies or providers specified in your network.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for work-related injury or illness prescriptions.



Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit [www.tmesys.com](http://www.tmesys.com).

### Questions? Need Help?



**1-866-599-5426**

<b>WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM</b>	
AmTrust CARRIER/TPA	EMPLOYER
INJURED WORKER NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)
<b>Notice to Cardholder:</b> Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: <a href="http://www.tmesys.com">www.tmesys.com</a> .	

**Attention Pharmacists:** Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.  
Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy Help Desk**  
**1-800-964-2531**

	<b>NDC</b>	<b>Envoy</b>
RxBIN	004261 or	002538
RxPCN	CAL or	Envoy Acct. #
GROUP	AMTRFF	

**NOTE:** This First Fill card is only valid for your current accepted workers' compensation injury or illness.



### Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

The following entities comprise the Optum Workers Compensation and Auto No Fault division: PMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc., dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

**tmesys®**

MP14-1913-28\_08 2019

# **FRAUD**

**WORKERS COMPENSATION FRAUD IS ILLEGAL IN CALIFORNIA. ANY PERSON WHO FILES OR CONTRIBUTES TO THE FILING OF A FALSE WORKERS COMPENSATION CLAIM IS COMMITTING A CRIME PUNISHABLE BY A PRISON SENTENCE AND/OR A PENALTY FINE.**

## **WHAT IS INSURANCE FRAUD?**

In the broadest sense, insurance fraud can encompass any fraudulent or illegal act that involves the business of insurance.

Pursuant to California Insurance Code 1871.4 (a) It is unlawful to do any of the following:

- 1) Make or cause to be made a knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying any \*compensation, as defined in Section 3207 of the Labor Code. \*Every benefit or payment conferred by Division 4 upon an injured employee, including vocational rehabilitation, or in the event of his death, upon his dependents, without regard to negligence.
- 2) Present or cause to be presented a knowingly false or fraudulent written or oral material statement in support of, or in opposition to, a claim for compensation for the purpose of obtaining or denying any compensation, as defined in Section 3207 of the Labor Code
- 3) Knowingly assist, abet, conspire with, or solicit a person in an unlawful act under this section
- 4) Make or cause to be made a knowingly false or fraudulent statement with regard to entitlement to benefits with the intent to discourage an injured worker from claiming benefits or pursuing a claim

Every person who violates subdivision (a) shall be punished by imprisonment in the county jail for one year, or in the state prison for two (2), three (3) or five (5) years, or by a fine not exceeding one hundred fifty thousand dollars (\$150,000.00) or double the value of the fraud, whichever is greater, or by both the imprisonment and fine.

Restitution shall be ordered, including restitution for any medical evaluation or treatment services obtained or provided. The court shall determine the amount of restitution and the person or persons to whom the restitution shall be paid.

**Pursuant to California Insurance Code Section 1877.3 b(1):**

When an insurer or licensed rating organization knows or reasonably believes it knows the identity of a person or entity whom it has reason to believe committed a fraudulent act relating to a workers' compensation insurance claim or a workers' compensation insurance policy, including any policy application, or has knowledge of such a fraudulent act that is reasonably believed not to have been reported to an authorized governmental agency, then, for the purpose of notification and investigation, the insurer, or agent authorized by an insurer to act on its behalf, or licensed rating organization shall notify the local district attorney's office and the Bureau of Fraudulent Claims of the Department of Insurance, and may notify any other authorized governmental agency of that suspected fraud and provide any additional information in accordance with subdivision (a).

**FRAUD HARMS EMPLOYERS BY CONTRIBUTING TO THE INCREASINGLY HIGH COST OF INSURANCE AND HARMS EMPLOYEES BY UNDERMINING THE LEGITIMACY OF ALL WORKERS COMPENSATION CLAIMS.**

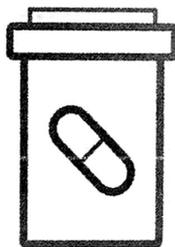


## Workers' Compensation Notification Pharmacy Benefit Network (PBN)

Your employer and your workers' compensation claims administrator have selected Optum as their workers' compensation pharmacy benefit network (PBN), to provide medications for your work-related injury through their pharmacy network, Tmesys®.

**This plan provides that drugs (and other services) prescribed for treating your work injury can be obtained only from companies or providers specified in your plan.**

**If you have any questions about how to obtain prescribed medications, call 1-866-599-5426.**



### LOCATING A PLAN PHARMACY

More than 5,000 Locations in CA

1. Go to the Tmesys website at [Tmesys.com](http://Tmesys.com)
2. Select the search method you prefer

Call 1-866-599-5426 to speak to a customer care specialist

### CA PBN Limitations

- You must present your workers' compensation pharmacy card to a participating network pharmacy in order to receive medications.
- Only medications used to treat your work-related injury are covered.
- Some medications may not be on the authorized list, in which case the pharmacy will contact Optum to try to obtain approval while you are at the pharmacy.
- Your prescribed medication may be subject to Utilization Review at the request of your claims administrator.

### How to Obtain Medicines

1. Your employer will provide you information and notification on the network and how to obtain medications upon implementation or when you were hired.
2. Upon receiving a notice of first injury, your employer will provide you with additional notification of requirements as well as a First Fill Card.
3. Give the card to the pharmacist at a participating network pharmacy with your prescription.
4. The pharmacist will fill your prescription. You should not receive a bill for these medications.
5. A permanent workers' compensation pharmacy card will be mailed to you.
6. Use the permanent card each time you have a prescription filled for your work-related injury.

**We look forward to serving you. If you have any questions about how to obtain prescribed medications, call 1-866-599-5426 or visit our Pharmacy Center on [Tmesys.com](http://Tmesys.com).**



## Workers' Compensation Notification

### Pharmacy Benefit Network

Your employer and your workers' compensation claims administrator have selected Optum as their workers' compensation pharmacy benefit network (PBN), to provide medications for your work-related injury through their pharmacy network, Tmesys.

This plan provides that drugs (and other services) prescribed for treating your work injury can be obtained only from providers specified in your plan network.

If you have questions about how to obtain prescribed medications, call toll this free number 1-866-599-5426.

## How to Obtain Your Medicines

Please read the following information carefully as it contains instructions on the required use of a participating PBN pharmacy to receive your medications.

### CA PBN Limitations

- You must present your workers' compensation pharmacy card to a participating network pharmacy in order to receive medications.
- Only medications used to treat your work-related injury are covered.
- Some medications may not be on the authorized list, in which case the pharmacy will contact Optum to try to obtain approval while you are at the pharmacy.
- Your prescribed medication may be subject to Utilization Review at the request of your claims administrator.

## New Injuries

1. Upon receiving notice of injury, your employer will provide you with a First Fill Card to be used at a participating network pharmacy.
2. Give the card to the pharmacist with your prescription.
3. The pharmacist will fill your prescription. By using a participating network pharmacy, you should not receive a bill for your medications.
4. A permanent workers' compensation pharmacy card will be mailed to you.
5. Use the permanent card each time you have a prescription filled for your work-related injury.

## Locating a PBN Pharmacy. More than 5,000 locations in California

- Go to the Tmesys website at [tmesys.com](http://tmesys.com)
- Choose your preferred search method and follow the instructions
- Call 1-886-599-5426 to speak to a customer care specialist

We look forward to serving you. If you have questions about how to obtain prescribed medications, call 1-866-599-5426.

State of California <b>EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS</b>		Please complete in triplicate (type if possible) Mail two copies to:			OSHA CASE NO.	
					FATALITY <input type="checkbox"/>	
Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.		California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.				
E M P L O Y E R	1. FIRM NAME			1a. Policy Number		Please do not use this column
	2. MAILING ADDRESS: (Number, Street, City, Zip)			2a. Phone Number		
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)			3a. Location Code		OWNERSHIP
	4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.			5. State unemployment Insurance acct.no		
6. TYPE OF EMPLOYER: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> Other Gov't, Specify: _____					OCCUPATION	
7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)		8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM		9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM		SEX
11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? <input type="checkbox"/> Yes <input type="checkbox"/> No		12. DATE LAST WORKED (mm/dd/yy)		13. DATE RETURNED TO WORK (mm/dd/yy)		
15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. SALARY BEING CONTINUED? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)		DAILY HOURS
19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g.. Second degree burns on right arm, tendonitis on left elbow, lead poisoning						
20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)			20a. COUNTY		21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.				23. Other Workers injured or ill in this event? <input type="checkbox"/> Yes <input type="checkbox"/> No		WEEKLY HOURS
24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold						
25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.						WEEKLY WAGE
26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g.. Worker stepped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY						
27. Name and address of physician (number, street, city, zip)						NATURE OF INJURY
27a. Phone Number						
28. Hospitalized as an inpatient overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes then, name and address of hospital (number, street, city, zip)						PART OF BODY
28a. Phone Number						
29. Employee treated in emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No						
ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E)2. Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E)2*.						SOURCE
30. EMPLOYEE NAME			31. SOCIAL SECURITY NUMBER		32. DATE OF BIRTH (mm/dd/yy)	
33. HOME ADDRESS (Number, Street, City, Zip)						EVENT
33a. PHONE NUMBER						
34. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)			36. DATE OF HIRE (mm/dd/yy)	
37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours			37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED	
38. GROSS WAGES/SALARY \$ _____ per _____						EXTENT OF INJURY
39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Completed By (type or print)			Signature & Title			Date (mm/dd/yy)
* Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.35), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.						



**WORKERS' COMPENSATION CLAIM FORM (DWC 1)**

**PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)**

**Employee:** Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

**Empleado:** Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

<p><b>Employee—complete this section and see note above</b></p> <p>1. Name. <i>Nombre.</i> _____ Today's Date. <i>Fecha de Hoy.</i> _____</p> <p>2. Home Address. <i>Dirección Residencial.</i> _____</p> <p>3. City. <i>Ciudad.</i> _____ State. <i>Estado.</i> _____ Zip. <i>Código Postal.</i> _____</p> <p>4. Date of Injury. <i>Fecha de la lesión (accidente).</i> _____ Time of Injury. <i>Hora en que ocurrió.</i> _____ a.m. _____ p.m.</p> <p>5. Address and description of where injury happened. <i>Dirección/lugar dónde ocurrió el accidente.</i> _____</p> <p>6. Describe injury and part of body affected. <i>Describe la lesión y parte del cuerpo afectada.</i> _____</p> <p>7. Social Security Number. <i>Número de Seguro Social del Empleado.</i> _____</p> <p>8. <input type="checkbox"/> Check if you agree to receive notices about your claim by email only. <input type="checkbox"/> <i>Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.</i> Employee's e-mail. _____ <i>Correo electrónico del empleado.</i> _____</p> <p><small>You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. <i>Usted recibirá notificaciones de beneficios por correo ordinario si usted no escoge, o su administrador de reclamos no le ofrece, una opción de servicio electrónico.</i></small></p> <p>9. Signature of employee. <i>Firma del empleado.</i> _____</p>	<p><b>Empleado—complete esta sección y note la notación arriba.</b></p>
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<p><b>Employer—complete this section and see note below.</b></p> <p>10. Name of employer. <i>Nombre del empleador.</i> _____</p> <p>11. Address. <i>Dirección.</i> _____</p> <p>12. Date employer first knew of injury. <i>Fecha en que el empleador supo por primera vez de la lesión o accidente.</i> _____</p> <p>13. Date claim form was provided to employee. <i>Fecha en que se le entregó al empleado la petición.</i> _____</p> <p>14. Date employer received claim form. <i>Fecha en que el empleado devolvió la petición al empleador.</i> _____</p> <p>15. Name and address of insurance carrier or adjusting agency. <i>Nombre y dirección de la compañía de seguros o agencia administradora de seguros.</i> _____</p> <p style="text-align: center;"><b>P.O. BOX 89404, CLEVELAND, OH 44101-6404</b></p> <p>16. Insurance Policy Number. <i>El número de la póliza de Seguro.</i> _____</p> <p>17. Signature of employer representative. <i>Firma del representante del empleador.</i> _____</p> <p>18. Title. <i>Título.</i> _____ 19. Telephone. <i>Teléfono.</i> _____</p>	<p><b>Empleador—complete esta sección y note la notación abajo.</b></p>
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**Employer:** You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one working day** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

**Empleador:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

Employer copy/Copia del Empleador  Employee copy/Copia del Empleado  Claims Administrator/Administrador de Reclamos  Temporary Receipt/Recibo del Empleado

**AmTrust California MPN**

**MPN ID# 3154**

**For assistance in locating a physician:**

**Online:** <https://www.-lv.talispoint.com/amtrust/campn>

**Call:** 833-990-3601

**Email:** [AmTrustMAA@anthemwc.com](mailto:AmTrustMAA@anthemwc.com)

**Questions regarding the MPN:**

**Amtrust Provider & Network Management Group**

**Call:** 800-768-9605

**Email:** [MPNcontact@amtrustgroup.com](mailto:MPNcontact@amtrustgroup.com)

**If you need an explanation about medical treatment, please contact the claims adjuster assigned to the claim.**

## 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).



# AmTrust North America

An AmTrust Financial Company

AmTrust Providers for: AmTrust Roster of Treating Physicians

10/18/2021

Providers grouped by county, city and specialty, listed in name order.

(cont)

805-955-8100

**Taha, Ammar, MD**  
Simi Radiology & Imaging Med  
Grp  
124 Macaw Ln  
Simi Valley, CA 93065  
805-955-8100

**Taha, Ammar, MD**  
Simi Radiology & Imaging Med  
Grp  
2750 Sycamore Dr  
Simi Valley, CA 93065  
805-955-8100

**Taha, Ammar, MD**  
Simi Radiology & Imaging Med  
Grp  
2975 Sycamore Dr  
Simi Valley, CA 93065  
805-955-6000

**Wahlen, John, MD**  
2975 Sycamore Dr  
Simi Valley, CA 93065  
805-955-6000

**Zhang, Dai, MD**  
Simi Radiology & Imaging Med  
Grp  
124 Macaw Ln  
Simi Valley, CA 93065  
805-955-8100

**Zhang, Dai, MD**  
Simi Radiology & Imaging Med  
Grp  
2750 Sycamore Dr  
Simi Valley, CA 93065  
805-955-8100

**Zhang, Dai, MD**  
Simi Radiology & Imaging Med  
Grp  
2975 Sycamore Dr  
Simi Valley, CA 93065  
805-955-6000

### Sports Medicine

**Spelts, Richard, DO**  
UCLA Integrated Provider  
Network  
UCLA Medical Group  
3605 Alamo St Ste 200  
Simi Valley, CA 93063  
805-578-8550

### Surgery: Cardiac/Vascular

**Tandon, Vipinkumar, MD**  
1687 Erringer Rd Ste 103  
Simi Valley, CA 93065  
805-522-3195

### Surgery: General By Referral Only

**Shah, Nikita, MD**  
Surgery: General  
By Referral Only  
1157 Swallow Ln  
Simi Valley, CA 93065  
805-527-2770

### Surgery: General

**Tandon, Vipinkumar, MD**  
1687 Erringer Rd Ste 103  
Simi Valley, CA 93065  
805-522-3195

### Surgery: Orthopedic

**Davis, Daniel, MD**  
Ventura Orthopedic Medical  
Group Inc  
2525 Erringer Rd  
Simi Valley, CA 93065  
805-527-1404

## Thousand Oaks

### Acupuncture

**Ebrahimi, Sima, LAC**  
166 N Moorpark Rd Ste 201  
Thousand Oaks, CA 91360  
805-497-6200

**Kim, Cheol, LAC**  
166 N Moorpark Rd Ste 201  
Thousand Oaks, CA 91360  
805-497-6200

**Kwan, Abel, LAC**  
Acuhope  
223 E Thousand Oaks Blvd Ste  
216  
Thousand Oaks, CA 91360  
805-294-0192

**Lee, David, LAC**



# AmTrust North America

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Providers grouped by county, city and specialty, listed in name order.

(cont)  
166 N Moorpark Rd Ste 201  
Thousand Oaks, CA 91360  
805-497-6200

**Lee, Young, LAC**  
Creatur  
223 E Thousand Oaks Blvd Ste  
324  
Thousand Oaks, CA 91360  
213-294-8564

**Liu, Rui, LAC**  
Abundant Blessing Acupuncture  
299 W Hillcrest Dr Ste 206  
Thousand Oaks, CA 91360  
805-432-4936

**Logan, Conor, LAC**  
The Living Point  
3380 Bear Creek Dr  
Thousand Oaks, CA 91320  
323-213-9220

**Pendleberry, Bruce, LAC**  
1325 E Thousand Oaks Blvd Ste  
104  
Thousand Oaks, CA 91362  
805-380-5742

**Regan, Daniel, LAC**  
Acupuncture Sports Injury &  
Wellness  
2711 E Thousand Oaks Blvd  
Thousand Oaks, CA 91362  
805-200-3133

**Yang, Alan, LAC**  
Relax Acupuncture Clinic  
501 Marin St Ste 109  
Thousand Oaks, CA 91360  
626-675-6299

## Anesthesiology

**Lloyd, Dustin, DO**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

**Lloyd, Dustin, DO**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
2190 Lynn Rd Ste 100  
Thousand Oaks, CA 91360  
805-497-3737

**Lloyd, Dustin, DO**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
401 Rolling Oaks Dr  
Thousand Oaks, CA 91361  
805-777-7750

**Madara, Jonathan, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

**Madara, Jonathan, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
401 Rolling Oaks Dr  
Thousand Oaks, CA 91361

(cont)  
805-777-7750

**Murphy, Sunberri, DO**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

**Murphy, Sunberri, DO**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
2190 Lynn Rd Ste 100  
Thousand Oaks, CA 91360  
805-497-3737

**Murphy, Sunberri, DO**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
401 Rolling Oaks Dr  
Thousand Oaks, CA 91361  
805-777-7750

**Namdari, Bahram, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

**Namdari, Bahram, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
2190 Lynn Rd Ste 100  
Thousand Oaks, CA 91360  
805-497-3737

To report inaccuracies in the provider information listed, please contact us at (877) 307-1245. You may also email us at [wcpdo@anthemwc.com](mailto:wcpdo@anthemwc.com).



# AmTrust North America

An AmTrust Financial Company

AmTrust Providers for: AmTrust Roster of Treating Physicians

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*Providers grouped by county, city and specialty, listed in name order.*

**Namdari, Bahram, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
401 Rolling Oaks Dr  
Thousand Oaks, CA 91361  
805-777-7750

**Picker, Scott, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
2190 Lynn Rd Ste 100  
Thousand Oaks, CA 91360  
805-497-3737

**Picker, Scott, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
401 Rolling Oaks Dr  
Thousand Oaks, CA 91361  
805-777-7750

**Reidy, Stephen, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

**Reidy, Stephen, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
401 Rolling Oaks Dr  
Thousand Oaks, CA 91361  
805-777-7750

**Reidy, Stephen, MD**  
2190 Lynn Rd Ste 100  
Thousand Oaks, CA 91360

(cont)  
805-497-3737

**Schultz, Andrew, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
2190 Lynn Rd Ste 100  
Thousand Oaks, CA 91360  
805-497-3737

**Schultz, Andrew, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
401 Rolling Oaks Dr  
Thousand Oaks, CA 91361  
805-777-7750

**Thein, David, MD**  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-370-4521

**Tran, Julie, MD**  
430 E Avenida De Los Arboles  
Ste 101  
Thousand Oaks, CA 91360  
805-241-0151

**Trinh, Thuan Hau, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

**Trinh, Thuan Hau, MD**  
Conejo Los Robles  
Anesthesiology Medical Group  
Inc  
401 Rolling Oaks Dr

(cont)  
Thousand Oaks, CA 91361  
805-777-7750

**Voscopoulos, Christopher, MD**  
Golden State Providers  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-852-9100

### **Cardiac Electrophysiology: Clinical**

**Farshidi, Ardeshir, MD**  
2220 Lynn Rd Ste 208  
Thousand Oaks, CA 91360  
805-498-9998

### **Cardiology/Vascular**

**Farshidi, Ardeshir, MD**  
2220 Lynn Rd Ste 208  
Thousand Oaks, CA 91360  
805-498-9998

**Nashed, Ashraf, MD**  
415 Rolling Oaks Dr Ste 250  
Thousand Oaks, CA 91361  
805-230-3112

### **Chiropractic**

**Brock, Nicholas, DC**  
Advanced Chiropractic  
Rehabilitation  
1625 E Thousand Oaks Blvd Ste  
E



# AmTrust North America

An AmTrust Financial Company

AmTrust Providers for: AmTrust Roster of Treating Physicians

10/18/2021

*Providers grouped by county, city and specialty, listed in name order.*

(cont)  
612 E Janss Rd  
Thousand Oaks, CA 91360  
805-373-0725

**Internal Medicine**  
*By Referral Only*

**Bahadini, Bahareh, MD**  
*Internal Medicine*  
*By Referral Only*  
425 Haaland Dr Ste 101  
Thousand Oaks, CA 91361  
805-496-2949

**Internal Medicine**

**Cavallero, Adam, MD**  
UCLA Department of Medicine  
Professional Group  
UCLA Medical Group  
100 Moody Ct Ste 200  
Thousand Oaks, CA 91360  
805-418-3500

**Farshidi, Ardeshir, MD**  
2220 Lynn Rd Ste 208  
Thousand Oaks, CA 91360  
805-498-9998

**McCarthy, Steven, MD**  
UCLA Department of Medicine  
Professional Group  
UCLA Medical Group  
100 Moody Ct Ste 200  
Thousand Oaks, CA 91360  
805-418-3500

**Mohammadi Rad, Seyed Ali, MD**  
Golden State Providers  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-852-9100

**Neurology**

**Darby, Adam, MD**  
2100 Lynn Rd Ste 230  
Thousand Oaks, CA 91360  
805-497-4500

**Yerevanian, Alexan, MD**  
UCLA Medical Group  
2100 Lynn Rd Ste 230  
Thousand Oaks, CA 91360  
805-497-4500

**Orthopedic Surgery**

**Bashner, Brian, MD**  
Westlake Orthopedics  
110 Jensen Ct Ste 2A  
Thousand Oaks, CA 91360  
805-374-2000

**Bawa, Harpreet Singh, MD**  
UCLA Integrated Provider  
Network  
UCLA Medical Group  
375 Rolling Oaks Dr Ste 210  
Thousand Oaks, CA 91361  
805-497-7015

**Orthopedic Surgery**  
*By Referral Only*

**Davis, Daniel, MD**  
Ventura Orthopedic Medical  
Group Inc  
*Orthopedic Surgery*  
*By Referral Only*  
137 E Thousand Oaks Blvd  
Thousand Oaks, CA 91360  
805-379-4574

**Orthopedic Surgery**

**Getelman, Mark, MD**  
UCLA Integrated Provider  
Network  
UCLA Medical Group  
375 Rolling Oaks Dr Ste 210  
Thousand Oaks, CA 91361  
805-497-7015

**Molnar, Todd, MD**  
UCLA Integrated Provider  
Network  
UCLA Medical Group  
375 Rolling Oaks Dr Ste 210  
Thousand Oaks, CA 91361  
805-497-7015

**Rearick, Timothy, MD**  
Ventura Orthopedic Medical  
Group Inc  
137 E Thousand Oaks Blvd  
Thousand Oaks, CA 91360  
805-379-4574

**Robertson, Keith, MD**  
1011 Rancho Conejo Blvd  
Thousand Oaks, CA 91320  
805-409-3294

**Tchejeyan, Gregory, MD**



*Providers grouped by county, city and specialty, listed in name order.*

*(cont)*

50 Lombard St Ste 1  
Thousand Oaks, CA 91360  
805-495-3687

**Murk, Joseph, MD**  
Ventura Orthopedic Medical  
Group Inc  
37 E Thousand Oaks Blvd  
Thousand Oaks, CA 91360  
805-379-4574

**Iv, Eli, MD**  
Resin Balfour & Ziv A Prof  
Med Corp  
10 Jensen Ct Ste 2A  
Thousand Oaks, CA 91360  
805-660-1650

**Orthopedic Surgery: Hand**

**Iv, Eli, MD**  
Resin Balfour & Ziv A Prof  
Med Corp  
10 Jensen Ct Ste 2A  
Thousand Oaks, CA 91360  
805-660-1650

**Pain Management/PM&R**

**Assil, Kamyar, MD**  
Ventura Orthopedic Medical  
Group Inc  
37 E Thousand Oaks Blvd  
Thousand Oaks, CA 91360  
805-379-4574

**Molnar, Todd, MD**  
UCLA Integrated Provider  
Network  
UCLA Medical Group

*(cont)*

375 Rolling Oaks Dr Ste 210  
Thousand Oaks, CA 91361  
805-497-7015

**Pain Management/PM&R  
By Referral Only**

**Spears Babcock, Katrina, DO**  
Pain Management/PM&R  
By Referral Only  
325 Rolling Oaks Dr Ste 220  
Thousand Oaks, CA 91361  
805-379-9911

**Pain Management/PM&R**

**Voscopoulos, Christopher, MD**  
Golden State Providers  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-852-9100

**Zall, Mona, DO**  
Cedars Sinai Medical Care  
Foundation  
1011 Rancho Conejo Blvd  
Thousand Oaks, CA 91320  
424-325-6171

**Podiatry**

**Campbell, Brayton, DPM**  
Foot & Ankle Concepts Inc  
3180 Willow Ln Ste 108

*(cont)*

Thousand Oaks, CA 91361  
805-370-3338

**Chandler, Lindsay, DPM**  
Foot & Ankle Concepts Inc  
3180 Willow Ln Ste 108  
Thousand Oaks, CA 91361  
805-370-3338

**Dhillon, Amreep, DPM**  
365 E Hillcrest Dr.  
Thousand Oaks, CA 91360  
833-574-2273

**Kalhor, Nasim, DPM**  
Foot & Ankle Concepts Inc  
3180 Willow Ln Ste 108  
Thousand Oaks, CA 91361  
805-370-3338

**Langroudi, Andrew, DPM**  
Foot & Ankle Concepts Inc  
3180 Willow Ln Ste 108  
Thousand Oaks, CA 91361  
805-370-3338

**Matthews, Todd, DPM**  
Foot & Ankle Concepts Inc  
3180 Willow Ln Ste 108  
Thousand Oaks, CA 91361  
805-370-3338

**Radiology**

**Bick Forrester, Justin, MD**  
Thousand Oaks Radiology  
2180 Lynn Rd  
Thousand Oaks, CA 91360  
805-495-9442



# AmTrust North America

An AmTrust Financial Company

AmTrust Providers for: AmTrust Roster of Treating Physicians

10/18/2021

*Providers grouped by county, city and specialty, listed in name order.*

**Bick Forrester, Justin, MD**  
Thousand Oaks Radiology  
227 W Janss Rd Ste 150  
Thousand Oaks, CA 91360  
805-496-7755

**Cohen, Martin, MD**  
Rolling Oaks Radiology Inc  
415 Rolling Oaks Dr Ste 160  
Thousand Oaks, CA 91361  
805-778-1513

**Gero, Bernard, MD**  
Rolling Oaks Radiology Inc  
415 Rolling Oaks Dr Ste 125  
Thousand Oaks, CA 91361  
805-778-1513

**Hobart, Edward Andrew, MD**  
Focus Medical Imaging  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

**Klein, Barry, MD**  
Thousand Oaks Radiology  
227 W Janss Rd Ste 150  
Thousand Oaks, CA 91360  
805-496-7755

**Klein, Barry, MD**  
Los Robles Radiology  
Associates  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

**Lee, Josephine, MD**  
Rolling Oaks Radiology Inc  
415 Rolling Oaks Dr Ste 125  
Thousand Oaks, CA 91361  
805-778-1513

**Mardiat, John, MD**  
Renaissance Imaging Medical  
Associates Inc  
2 Dole Dr  
Thousand Oaks, CA 91362  
818-575-8066

**Moses, Catherine, MD**  
Los Robles Radiology  
Associates  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

**Moses, Catherine, MD**  
Thousand Oaks Radiology  
227 W Janss Rd Ste 150  
Thousand Oaks, CA 91360  
805-496-7755

**Nguyen, Huan, MD**  
Renaissance Imaging Medical  
Associates Inc  
2 Dole Dr  
Thousand Oaks, CA 91362  
818-575-8066

**Onderi, Simon, MD**  
Los Robles Radiology  
Associates  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

**Polan, Ruth, MD**  
Thousand Oaks Radiology  
227 W Janss Rd Ste 150  
Thousand Oaks, CA 91360  
805-496-7755

**Polan, Ruth, MD**  
Los Robles Radiology  
Associates

*(cont)*

215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

**Princenthal, Robert, MD**  
Rolling Oaks Radiology Inc  
415 Rolling Oaks Dr Ste 160  
Thousand Oaks, CA 91361  
805-778-1513

**Swift, John, MD**  
Renaissance Imaging Medical  
Associates Inc  
2 Dole Dr  
Thousand Oaks, CA 91362  
818-575-8066

**Vartanians, Vartan, MD**  
Renaissance Imaging Medical  
Associates Inc  
2 Dole Dr  
Thousand Oaks, CA 91362  
818-575-8066

**Vuu, Kien, MD**  
Renaissance Imaging Medical  
Associates Inc  
2 Dole Dr  
Thousand Oaks, CA 91362  
818-575-8066

**Yuh, Theresa, MD**  
Los Robles Radiology  
Associates  
215 W Janss Rd  
Thousand Oaks, CA 91360  
805-497-2727

## **Sports Medicine**

To report inaccuracies in the provider information listed, please contact us at (877) 307-1245. You may also email us at [wcpdo@anthemwc.com](mailto:wcpdo@anthemwc.com).



# AmTrust North America

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AmTrust Providers for: AmTrust Roster of Treating Physicians

10/18/2021

Providers grouped by county, city and specialty, listed in name order.

**Spelts, Richard, DO**  
UCLA Integrated Provider  
Network  
UCLA Medical Group  
375 Rolling Oaks Dr Ste 210  
Thousand Oaks, CA 91361  
805-497-7015

### **Surgery: General**

**Brooks, Mai, MD**  
2190 Lynn Rd Ste 200  
Thousand Oaks, CA 91360  
805-379-4677

**Burch, Miguel, MD**  
Cedars Sinai Medical Care  
Foundation  
415 Rolling Oaks Dr Ste 260  
Thousand Oaks, CA 91361  
805-371-4700

**Cunneen, Scott, MD**  
Cedars Sinai Medical Care  
Foundation  
415 Rolling Oaks Dr Ste 260  
Thousand Oaks, CA 91361  
805-371-4700

### **Surgery: General** *By Referral Only*

**Shah, Nikita, MD**  
*Surgery: General*  
*By Referral Only*  
425 Haaland Dr Ste 101  
Thousand Oaks, CA 91361  
805-496-2949

### **Surgery: Neurosurgery**

**Armstrong, Ian, MD**  
2100 Lynn Rd Ste 120  
Thousand Oaks, CA 91360  
310-557-0741

**Cahan, Leslie, MD**  
2200 Lynn Rd  
Thousand Oaks, CA 91360  
805-494-0880

### **Surgery: Orthopedic** *By Referral Only*

**Davis, Daniel, MD**  
Ventura Orthopedic Medical  
Group Inc  
*Surgery: Orthopedic*  
*By Referral Only*  
137 E Thousand Oaks Blvd  
Thousand Oaks, CA 91360  
805-379-4574

### **Surgery: Orthopedic**

**Molnar, Todd, MD**  
UCLA Integrated Provider  
Network  
UCLA Medical Group  
375 Rolling Oaks Dr Ste 210  
Thousand Oaks, CA 91361  
805-497-7015

### **Surgery: Plastic/Reconstructive**

**Kryger, Zol, MD**  
Kryger Institute of Plastic  
Surgery  
947 E Thousand Oaks Blvd  
Thousand Oaks, CA 91360  
805-777-3877

## **Ventura**

### **Acupuncture**

**Bill, Jonathan, LAC**  
5700 Ralston St Ste 110  
Ventura, CA 93003  
805-653-6008

**Her, Kelly, LAC**  
970 Petit Ave Ste D  
Ventura, CA 93004  
805-302-0266

**Hillairet, Alexandre, LAC**  
La Vie Acupuncture Clinic Inc  
2660 E Main St Ste 202  
Ventura, CA 93003  
805-798-4018

**Krasaeyan, Thaorn, LAC**  
Holistic Healing Center  
5700 Ralston St Ste 110  
Ventura, CA 93003  
805-653-6008

**Turner, Lisa, LAC**  
1889 Knoll Dr  
Ventura, CA 93003  
805-844-1181