



AmTrust North America
An AmTrust Financial Company

California Worker's Compensation Claim Kit



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Workers' Compensation Claim Reporting Information

24/7 Toll Free Claim Reporting for All States



(888)239-3909



WorkersCompClaimReport@AmTrustgroup.com



www.amtrustfinancial.com

Information Required for All Claims Reported



1. Name of the insured and policy number
2. Name, social security number and contact information of injured worker
3. Date, time and place of accident
4. Description of accident or incident
5. Name, phone, and/or email of person making the report
6. Any information on the injured workers lost time

Early claim reporting is essential to a better claim outcome. Don't delay reporting if you do not have all the details.

How do I help my injured worker find a doctor?



- We offer an online physician search for all states, www.talispoint.com/amtrust/external
- For California, www-lv.talispoint.com/amtrust/campn
- For CO, GA, PA & TN, please refer to the panel provided by AmTrust via mail or email

How does my injured employee receive prescription medications related to the accident/injury?



- Refer to the claims kit for your state at www.talispoint.com/amtrust/external for a First Fill card for your injured employee to use at the pharmacy to cover the cost of approved medication.

Timely Reporting

When a work-related injury occurs, it is important to act immediately. Timely reporting of a new claim helps to provide a smooth and successful claim process for both you and your injured worker.



We're Here To Help

After your claim has been filed, we may be in touch to obtain additional information. Our goal is to offer a smooth and hassle-free experience – from your first contact to the claims conclusion. Feel free to also call us with any questions. We're here to help.



Relax And Stay Positive

You have the assurance of our knowledge, expertise, and understanding of the claim process. We're with you all the way.

877.528.7878 | www.amtrustfinancial.com

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EASY ONLINE CLAIMS REPORTING INSTRUCTIONS

By logging into AmTrust's web portal, policyholders can access a wide variety of account information including the ability to report injuries online. The following instructions will help get you started.

First Time Portal Access:

1. Go to www.amtrustnorthamerica.com
2. In the upper right corner of the home page, click "LOGIN"
3. In the subsequent AmTrust *Online* drop-down box, click the word "**Register**"
4. On the following screen, enter your policy number, zip code and the security code that appears on that screen and click "**Enter**" at the bottom right of the screen
5. Enter your email address, user name and password to complete the registration process
6. After completing the registration process, go back to www.amtrustnorthamerica.com and log in

Reporting of New Injuries:

1. Go to www.amtrustnorthamerica.com
2. Log in to "[AmTrust Online](#)"
3. Click the "**Claims**" icon in the upper middle of your screen to view the screen that lists your policies
4. Click "**View**" next to the policy for which you wish to enter a claim. This brings you to the policy detail screen
5. Click on "**First Reports**" in the upper left corner
6. On the next screen, click "**Add**" to view the "**New First Report of Injury**" screen
7. Click "**Use WebForm.**" This brings you to the screen where you will enter all of the detailed information about the injury/injured worker
8. When finished entering all of the data, click "**Submit**" and this report will channel into our intake center to be set up and assigned to a claims adjuster
9. Return to the "**First Reports**" screen and you will see the claim number for the report entered
10. When finished, click on "**Return to Listing**"

For ID/Password issues or if you receive error messages while using this application, please contact our help desk at help.desk@amtrustgroup.com or call 866.427.6150. Please be sure to specify that you are an AmTrust policyholder and provide your AmTrust Online ID.



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Helpful Hints:

- **“Time Employee Began Work”** and **“Time of Occurrence”** must be entered in military time
- Enter the hours in the first box and the minutes in the second box
- All dates must be entered as two-digit day, two-digit month and four-digit year, i.e.: xx/xx/xxxx
- For PEOs, in the **“Location Address”** box, please include the PEO client name and address of the applicable PEO client location. If there is a location code/number, specify in the **“Location #”** box
- If during the entry of a claim you must exit the application, first click on **“Save as Draft”** and you may return to it later by going back into the **“First Reports”** screen and clicking on **“InProgress”**

For ID/Password issues or if you receive error messages while using this application, please contact our help desk at help.desk@amtrustgroup.com or call 866.427.6150. Please be sure to specify that you are an AmTrust policyholder and provide your AmTrust Online ID.

Thank you for your attention to this matter.

Sincerely,

AmTrust North
America Claims
Department

AmTrust California MPN Information

AmTrust California MPN MPN ID# 3154

For Questions or MPN Information:

MPN Contact: AmTrust Provider & Network Management Group.

Call: 800-768-9605

Email: MPNcontact@amtrustgroup.com.

For assistance in locating a physician:

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

Call: 833-768-9605

Email: CaliforniaMAA@amtrustgroup.com

If you need an explanation about your medical treatment for your work-related injury or illness you can contact your claims examiner if one has been assigned to your case.

Workers Compensation Posting Requirements

Thank you for placing your Workers' Compensation Coverage with AmTrust.



California Required Posting Notices

Post at place of employment, in a sufficient number of places on the premises to assure that the notice will reasonably be seen by all employees at all business locations and work sites (Break Room, Lunch Room or Time Clock) Employees that may not reasonably be expected to see a posted notice must receive notice of the posting in writing.

- ✧ **Notice to Employees - Injuries Caused by Work (English and Spanish) - Form DWC-7.** This form provides CA employees with information regarding workers' compensation benefits and the Medical Provider Network (MPN) in California. In addition to this being posted in a conspicuous place, it must be provided to all employees at the time of hire. Please complete all blank fields.
- ✧ **Covered Employee Notification of Rights Material.** This notice must be posted adjacent to the workers' compensation posting notice DWC-7.
- ✧ **Division of Workers' Compensation Fact Sheet.** This fact sheet provides injured workers with answers to frequently asked questions about issues affecting their benefits. Available in English, Spanish, Chinese, Korean, Tagalog and Vietnamese.

The following forms need to be printed and reviewed with your current staff and new employees at the time of hire:

- ✧ **Notice to Employees - Injuries Caused by Work - Form DWC-7.**
- ✧ **Covered Employee Notification of Rights Material.** This information explains important information about your employee's medical care in the event of a work-related injury or occupational disease. This notification should be provided to all new employees by the end of their first pay period. This notice shall also be provided upon request by an existing, covered employee when there is a change in MPN's. Please post this notice next to your DWC-7 poster and provide a copy to employees after they have sustained a work-related injury or occupational disease.
- ✧ **Time of Hire Pamphlet.** This pamphlet provides your employees with information about worker's compensation in general and the benefits afforded to injured workers in California. This PDF file allows you to add information that is specific to your company such as the nearest Division of Workers' Compensation information and Assistance (I&A) Unit and your company's predesignated personal physician. This notice must be provided to all new employees at time of hire or no later than the employee's receipt of his/her paycheck.

The following forms need to be completed and submitted to AmTrust when a work-related injury occurs:

- ✧ **Optum First Fill Form.** Use of this form will enable quick authorization for your employee's initial medication and ensure that the initial prescription is provided at no cost to the injured employee. Immediately upon receiving notice of injury, fill in the information on this form and give this form to the employee. Your employee will need to provide this completed form along with the prescription for their work-related injury or occupational disease to the pharmacist.
- ✧ **Statement of Wages/Salary.** This form enables us to calculate the correct compensation that may be owed to an injured employee. Please complete this form and submit to AmTrust within five days after your knowledge of any accident that has caused your employee to be disabled for more than seven scheduled work calendar days
- ✧ **Employers Report of Occupational Injury or Occupational Disease - Form DWC-5020.** As soon as you have been notified of a work-related injury or occupational disease, please fill out this form and submit it to AmTrust. This form must be completed within 5 days from notice of an accident or occupational disease that results in lost time beyond the date of incident and/or requires treatment beyond first aid. Fatalities must be reported within 24 hours.
- ✧ **Covered Employee Notification of Rights Material.** This information explains important information about your employee's medical care in the event of a work-related injury or occupational disease. This notice must be provided to employees after they have sustained a work-related injury or occupational disease. This notice shall also be provided upon request by an existing covered employee when there is a change in MPN's.



Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, medicines, medical equipment and travel costs that are reasonably necessary to treat your injury. You should never see a bill. There are limits on chiropractic, physical therapy and occupational therapy visits.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if you do not recover completely and your injury causes a permanent loss of physical or mental function that a doctor can measure.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher, if you are injured on or after 1/1/2004, your injury causes permanent disability, and your employer does not offer you regular, modified, or alternative work.
- **Death Benefits:** Paid to your dependents if you die from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured. You must obtain their agreement to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you with a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer or claims administrator must authorize the provision of all treatment, up to ten thousand dollars, consistent with the applicable treatment guidelines, for your alleged injury until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness.
 - If you predesignated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
 - If your employer is using a medical provider network (MPN) or a health care organization (HCO), in most cases you will be treated within the MPN or HCO unless you predesignated a personal physician or medical group. An MPN is a group of physicians and health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
 - If your employer is not using an MPN or HCO, in most cases the claims administrator can choose the doctor who first treats you when you are injured, unless you predesignated a personal physician or medical group.
4. You may consult a licensed attorney to advise you of your rights under workers' compensation laws. In most instances, attorney's fees will be paid from your recovery.
5. **Medical Provider Networks.** Your employer may be using an MPN, which is a group of health care providers designated to provide treatment to workers injured on the job. If you have predesignated a personal physician or medical group prior to your work injury, then you may go there to receive treatment from your predesignated doctor. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

MPN website: <https://www.talispoint.com/amtrust/campn>

MPN Effective Date: 10/25/2021 MPN Identification number: 3154

If you need help locating an MPN physician, call your MPN access assistant at: 833-990-3601

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: 800-768-9605

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator AmTrust North America Phone 888-239-3909

Workers' compensation insurer _____ (Enter "self-insured" if appropriate)

You can also get free information from a State Division of Workers' Compensation Information (DWC) & Assistance Officer. The nearest Information & Assistance Officer can be found at location: <https://www.dir.ca.gov/dwc/landA.html> or by calling toll-free **(800) 736-7401**. Learn more information about workers' compensation online: www.dwc.ca.gov and access a useful booklet "Workers' Compensation in California: A Guidebook for Injured Workers."

False claims and false denials. 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 and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any **off-duty, recreational, social, or athletic activity** that is not part of your work-related duties.



Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías, medicinas, equipo médico y costos de viajar que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay límites para visitas quiroprácticas, de terapia física y de terapia ocupacional.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si usted no se recupera completamente y si su lesión le causa una pérdida permanente de su función física o mental que un médico puede medir.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible si su lesión surge en o después del 1/1/04, y su lesión le ocasiona una incapacidad permanente, y su empleador no le ofrece a usted un trabajo regular, modificado, o alternativo.
- **Beneficios por Muerte:** Pagados a sus dependientes si usted muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione. Usted debe de ponerse de acuerdo con su médico para que atienda la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador o administrador de reclamos debe autorizar todo tratamiento médico, hasta diez mil dólares, de acuerdo con las pautas de tratamiento aplicables a su presunta lesión, hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad.
 - Si usted designó previamente a su médico personal o grupo médico, usted puede consultar a su médico personal o grupo médico después de lesionarse.
 - Si su empleador está utilizando una Red de Proveedores Médicos (MPN) o una Organización de Cuidado Médico (HCO), en la mayoría de los casos usted será tratado dentro de la MPN o la HCO a menos que usted designó previamente un médico personal o grupo médico. Una MPN es un grupo de médicos y proveedores de atención médica que proporcionan tratamiento a trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
 - Si su empleador no está utilizando una MPN o HCO, en la mayoría de los casos el administrador de reclamos puede escoger el médico que lo atiende primero, cuando usted se lesiona, a menos que usted designó previamente a un médico personal o grupo médico.
4. Puede consultar a un abogado con licencia para que le asesore sobre sus derechos bajo las leyes de compensación para trabajadores. En la mayoría de los casos, los honorarios del abogado se pagarán a partir de su recuperación.
5. Red de Proveedores Médicos (MPN): Es posible que su empleador use una MPN, lo cual es un grupo de proveedores de asistencia médica designados para dar tratamiento a los trabajadores lesionados en el trabajo. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información de contacto de la MPN :

Página web de la MPN: <https://www.talispoint.com/amtrust/campn>

Fecha de vigencia de la MPN: 10/25/2021 Número de identificación de la MPN: 3154

Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: 833-990-3601

Si usted tiene preguntas sobre la MPN o quiere presentar una queja en contra de la MPN, llame a la Persona de Contacto de la MPN al: 800-768-9605

Discriminación. Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos AmTrust North America Teléfono 888-239-3909

Asegurador del Seguro de Compensación de trabajador _____ (Anote “autoasegurado” si es apropiado)

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en: <https://www.dir.ca.gov/dwc/landA.html> o llamando al número gratuito (800) 736-7401. Usted puede obtener más información sobre la compensación del trabajador en el Internet en: www.dwc.ca.gov y acceder a una guía útil “Compensación del Trabajador de California Una Guía para Trabajadores Lesionados.”

Los reclamos falsos y rechazos falsos del reclamo. Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier **actividad fuera del trabajo, recreativa, social, o atlética** que no sea parte de sus deberes laborales.

Covered Employee Notification of Rights Materials
Regarding
AmTrust North America, Inc.
[AmTrust California MPN](#)
MPN ID #3154

This pamphlet contains important information about your medical care in case of a work-related injury or illness

You Are Important to Us

Keeping you well and fully employed is important to us. It is your employer's goal to provide you employment in a safe working environment. However, should you become injured or ill, as a result of your job, we want to ensure you receive prompt quality medical treatment. Our goal is to assist you in making a full recovery and returning to your job as soon as safely possible. In compliance with California law, we provide workers' compensation benefits, which include the payment of all appropriate medical treatment for work-related injuries or illnesses. If you have any questions regarding the Medical Provider Network (MPN), please contact the AmTrust Provider & Network Management group by phone at (800) 768-9605, or email at MPNcontact@amtrustgroup.com. If you need an explanation about your medical treatment for your work-related injury or illness you can contact your claims adjuster if one has been assigned to your case.

AmTrust California MPN

AmTrust North America, Inc provides access to medical treatment in the event you sustain a work-related injury or illness through the AmTrust California MPN. The AmTrust California MPN accesses medical treatment through selected Anthem Blue Cross Prudent Buyer PPO ("Blue Cross of California") providers and the Kaiser-On-the-Job Provider Network. Together, these sources contract with and provide access to doctors, hospitals, and numerous other providers to respond to the special requirements of on-the-job injuries or illnesses.

Access to Care

If you should experience a work-related injury or illness, you should:

Notify your employer:

- Immediately notify your supervisor or employer representative so you can secure medical care. Employers are required to authorize medical treatment within one working day of your filing of a completed claim form (DWC-1). To ensure your rights to benefits, report every injury and request a claim form.

Initial or Urgent Care:

- If medical treatment is needed, your employer will direct you to an MPN provider upon initial report of injury. An appointment for initial medical care should be immediate but in no event longer than 3 business days of the notice to your employer or MPN Medical Access Assistant that treatment is needed.

For Emergency Care:

- In the case of emergency* go to the nearest healthcare provider. Once your condition is stable, contact your employer or AmTrust North America, Inc at (866) 272-9267. For assistance in locating a MPN provider for continued care contact the AmTrust California MPN Medical Access Assistant by phone at (833) 990-3601 or email at CaliforniaMAA@amtrustgroup.com.

**Emergency care is defined as a need for those health care services provided to evaluate and treat medical conditions of a recent onset and severity that would lead a lay person, possessing an average knowledge of medicine, to believe that urgent care is required.*

Subsequent Care:

- All medical non-emergencies, which require ongoing treatment, in-depth medical testing, or a rehabilitation program, must be 1) authorized by your claims adjuster and 2) based upon evidenced based medical treatment guidelines (California Labor Code §5307.27, and as set forth in title 8, California Code of Regulations, section §9792.20 et seq.).
- Access to subsequent care, including specialist services, shall be available within no more than twenty (20) business days of your reasonable request for an appointment through an AmTrust California MPN Medical Access Assistant. If an MPN Medical Access Assistant is unable, within ten business days, to schedule an initial medical appointment that will occur within twenty (20) business days of your request, then AmTrust North America, Inc., on behalf of your employer, shall permit you to obtain necessary treatment with an appropriate specialist outside of the MPN. The MPN physician, who is the primary treating physician, will continue to direct all the covered injured employee's medical treatment needs.
- If you are not able to obtain reasonable and necessary medical treatment from an MPN physician within the applicable access standards and timeframes noted above, you will be permitted to obtain necessary treatment for that injury from an appropriate physician outside the MPN within a reasonable geographic area.
At such a time when the MPN is able to provide the necessary treatment through an MPN physician, you may be required to treat with an MPN physician when a transfer of care is determined to be appropriate.
- If ancillary services are not available within a reasonable time or a reasonable geographic area, you may obtain authorized and necessary ancillary services outside of the MPN within a reasonable geographic area.

If you are temporarily working, relocate or move outside of the MPNs geographic service area and are injured:

The following is AmTrust North America, Inc.'s written policy for arranging or approving non-emergency medical care for: (1) a covered employee authorized by the employer to temporarily work or travel for work outside of the MPN geographic service area when the need for medical care arises; (2) a former employee whose employer has ongoing workers' compensation obligations and who permanently resides outside the MPN geographic service area; and (3) an injured employee who decides to temporarily reside outside the MPN geographic service area during recovery.

- If you have an initial work-related non-emergency injury or illness outside of the MPN service area, you should notify your employer and seek treatment at the closest occupational health or primary care clinic available to you.
- In the event of an emergency or if urgent care is needed, you should seek medical attention from the nearest hospital or urgent care center. If feasible, you or a personal representative should report the injury/illness to your employer within 24 hours of receiving treatment.
- Once you return to the MPN service area, medical care will be transferred to a provider within the AmTrust California MPN.
- Employees that are temporarily working, relocate, or move outside of the MPN's geographic service area will be able to select a new physician from a network already established by AmTrust North America, Inc. in the new region where treatment is needed. A list of physicians is available online or can be requested from your claims adjuster. The online provider search and directory is available www.talispoint.com/amtrust/external/. The list will contain a choice of at least three physicians for your selection. Your primary treating physician may also refer or assist you with finding a new provider within the alternate network. Referred physicians will be located within the access standards described in this notice e.g., 15 miles or 30 minutes for Primary Treating Physicians and 30 miles or 60 minutes for specialty care.
- The MPN does not prevent a covered employee outside the MPN geographic service area from choosing a provider for non-emergency medical care.
- **Upon your return to California, should you require ongoing medical care, immediately contact your claims adjuster or your employer for referral to a MPN provider for continued care.**

How to Choose a Physician within the MPN

The AmTrust California MPN has providers for the entire state of California. The MPN must give you a regional list of providers that includes at least 3 physicians of a specialty commonly used to treat work related injuries or illnesses in your industry. The MPN must provide access to Primary Treating Physicians within 15 miles or 30 minutes of your home or workplace and specialists within 30 miles or 60 minutes of your home or workplace.

To locate a participating provider or obtain a regional listing:

Provider Searches and Directories:

- On-line Provider Search and Directories – if you have internet access, you can search for or access a roster of all treating physicians in the MPN by going to the website

www.talispoint.com/amtrust/campn/. You can search for available MPN physicians by name, specialty, or location by using available filters.

- PDF copies of the roster of all treating physicians and the roster of all participating providers are available by selecting this option from the homepage. A complete provider listing is also available in writing or electronic copy upon request. For more information about the MPN go to: www.talispoint.com/amtrust/campn/.
- Secondary treating physicians and specialists that can only be seen with an approved referral are clearly designated “by referral only” in the online provider finder and roster of all treating physicians.
- If you do not have internet access, you may request assistance locating an MPN provider or obtaining an appointment by contacting the AmTrust California MPN Medical Access Assistant by phone at (833) 990-3601, email at CaliforniaMAA@amtrustgroup.com, or by fax at (855) 299-4367
- Promptly contact your claims adjuster to notify us of any appointment you schedule with an MPN provider.

Choosing a Physician (for all initial and subsequent care):

- Your employer will direct you to an MPN provider when you initially report your injury. You have the right to be treated by a physician of your choice within the MPN after your initial visit.
- The Primary Treating Physician (PTP) you choose should be appropriate to treat your injury
- If you wish to change your MPN PTP after your initial visit, you may do so by:
 - 1) Accessing the on-line provider directories (see above)
 - 2) Calling the Medical Access Assistant or your Claims Adjuster
- If you have trouble getting an appointment with a provider within the MPN, contact the AmTrust California MPN Medical Access Assistant as soon as you are able, and they can assist you.
- If you select a new PTP, immediately contact your claims adjuster and provide him or her with the name, address, and phone number of the physician you have selected. You should also provide the date and time of your initial evaluation.
- If it is medically necessary for your treatment to be referred to a specialist, your PTP must first submit a Request for Authorization. Upon authorization, your PTP can make the appropriate referral within the network or you may select a specialist of your choice within the MPN.
- If a chiropractor is selected as a Primary Treating Physician, the chiropractor may act as a PTP only until the 24-visit cap is met (unless otherwise authorized in writing by AmTrust North America, Inc. on behalf of your employer), after which you must select another PTP in the MPN who is not a chiropractor. If you fail to select a new PTP in the MPN, then AmTrust North America, Inc. may assign another PTP who is not a chiropractor and who is of an appropriate specialty to treat your work-related injury or illness.
- If a type of specialist is needed or recommended by your MPN Primary Treating Physician, but is not available to you within the network, you will be allowed to treat with a specialist outside of the AmTrust California MPN. The AmTrust California MPN Medical Access Assistants or your claims adjuster can assist you to identify appropriate specialists if requested. Once you have identified the appropriate specialist outside of the network, schedule an appointment and notify your Primary Treating Physician and claims adjuster of the appointment date and time. Your MPN physician, who is your Primary

Treating Physician, will continue to direct all your medical treatment needs.

- If the MPN cannot provide access to a Primary Treating Physician within 15 miles or 30 minutes of your workplace or residence, the MPN will allow you to seek treatment outside the MPN. Please contact your claims adjuster for assistance. At such a time when the AmTrust California MPN is able to provide the necessary treatment through an MPN physician, you may be required to transfer your ongoing care to an MPN physician when safe and appropriate to do so. More information about transfer of care is available in the Transfer of Care and Continuity of Care sections below.
- The MPN will offer Telehealth* to injured workers statewide. If you consent to the use of Telehealth, consent will be documented pursuant to Business and Professions Code section §2290.5(b) and the MPN will facilitate the coordination of Telehealth for the injured worker using mobile applications, computer applications or kiosks at the employer's location.

*Telehealth is a means to deliver health care services and public health via information and communication technologies and includes Concentra Telemed physicians and Concentra Telerehab services in this MPN.

- If you select and consent to a physician who only sees patients via Telehealth, then that physician will be counted as an available MPN physician when determining if Access Standards have been met.
- If you do not provide consent for Telehealth physicians, or revoke your consent, the MPN will be limited to offering MPN physicians within Access Standards in a brick-and-mortar setting. If the MPN does not meet Access Standards, you shall be permitted to obtain necessary treatment for that injury from an appropriate Primary Treating Physician or Specialist outside the MPN within a reasonable geographic area.
- Injured workers that consent to Telehealth and seek treatment with Concentra Telemed physicians will have access to Physical Therapy and Occupational Therapy in the Concentra Telerehab program by referral of Concentra Telemed physicians.
- You may obtain Telehealth information and a listing of Telehealth providers by going to www.talispoinpoint.com/amtrust/campn/.

Medical Access Assistant(s)

AmTrust California MPN Medical Access Assistants are available, at a minimum, from Monday through Saturday (excluding Sundays and holidays) from 7 am to 8 pm, Pacific Time, to provide covered employee's assistance with access to medical care under the MPN. The assistance includes, but is not limited to, contacting provider offices during regular business hours to find available MPN physicians for your selection, and scheduling and confirming medical appointments with physicians. Assistance is available in English and Spanish.

At least one AmTrust California MPN medical access assistant is available to respond at all required times, with the ability for callers to leave a voice message. Medical access assistants will respond to calls, faxes, or electronic messages by the next day, excluding Sundays and holidays. MAAs work in coordination with the claims adjuster(s) to ensure timely and appropriate medical treatment is available to you. You may contact the Medical Access Assistant by phone at (833) 990-3601, email at CaliforniaMAA@amtrustgroup.com, and by fax at (855) 299-4367.

Second and Third Opinions

Second Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by your MPN physician, you may obtain a second opinion within the AmTrust California MPN. During this process you are required to continue your treatment with your initial MPN physician. The following describes the responsibilities of both you, as injured employee, and your AmTrust North America claims adjuster, on behalf of your employer:
 1. Inform your claims adjuster of your dispute regarding your treating physician's opinion either orally or in writing.
 2. You will then select a physician or specialist from a regional list of available MPN providers, which will be provided to you by your claims adjuster within 10 business days of notification of your request for a second opinion.
 3. You must make an appointment with your selected physician or specialist within 60 days from the day you receive the regional list of providers.
 4. You must inform your claims adjuster of the details of your appointment including the name of the provider you chose and the date, time, and location of the appointment.
 5. You shall be deemed to have waived your right to a second opinion if you do not make an appointment within 60 days from receipt of the list of available physicians or specialists from your claims adjuster.
 6. You have the right to request a copy of the medical records sent to the second opinion physician.
 7. If the second opinion physician or specialist feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify you and your claims adjuster. You can either select a new physician from the initial regional list or you can request another list of MPN physicians or specialists.
 8. The process described above in numbers 2 through 7 begins anew upon your selection and receipt of the list of available providers or specialists.

Third Opinion:

- If you disagree with either the diagnosis or the treatment prescribed by the second opinion physician, you may obtain a third opinion within the AmTrust California MPN. During this process you are required to continue your treatment with your initial MPN physician. In order to obtain a third opinion, you and your employer or insurer share responsibilities. The following describes the responsibilities of both you, as injured employee, and your AmTrust North America claims adjuster, on behalf of your employer:
 1. Inform your claims adjuster of your dispute regarding your treating physician's opinion either orally or in writing.
 2. You must select a physician or specialist from the list of available AmTrust California MPN providers previously provided, or you may request a new regional area list from your claims adjuster.

3. You must make an appointment with your selected physician or specialist within 60 days.
 4. You must inform your claims adjuster of the details of your appointment including the name of the provider you chose and the date, time, and location of the appointment.
 5. You shall be deemed to have waived your right to a third opinion if you do not make an appointment within 60 days from receipt of the list of available physicians or specialists from your claims adjuster. If you opted not to receive a new list of available providers, you shall be deemed to have waived your right to a third opinion if you do not make an appointment within 60 days from the day you notified your claims adjuster of your third opinion request and agreed to select a physician from the list of available MPN physicians previously provided.
 6. You have the right to request a copy of the medical records sent to the third opinion physician.
 7. 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 you and your claims adjuster. You can either select a new physician from the initial regional list or you can request another list of MPN physicians or specialists.
 8. The process described above in numbers 2 through 7 begins anew upon your selection and receipt of the list of available providers or specialists.
- If the MPN does not contain a physician who can provide the treatment recommended by the Second or Third Opinion physician, you may choose a physician outside the MPN within a reasonable geographic area. You may obtain the recommended treatment by changing physicians to the second opinion physician, third opinion physician, or other MPN physician
 - At the time of selection of the physician for a third opinion, the MPN Contact will notify you about the MPN Independent Medical Review process and provide you with an application for the MPN Independent Medical Review process (see below).
 - If you disagree with the third-opinion doctor, you may ask for an MPN Independent Medical Review (MPN IMR).
 - If either the second or third-opinion doctor or MPN Independent Medical Reviewer agrees with your Primary Treating Physician's opinion about the need for a treatment or test, you may be allowed to receive that medical service from a provider within the MPN or if the MPN does not contain a physician who can provide the recommended treatment, you may choose a physician outside the MPN within a reasonable geographic area. Treatment plans and requests applicable to this section are still subject to Utilization Review and Independent Medical Review rules and regulations.

Continuity of Care Policy

AmTrust North America, Inc. has a written "*Continuity of Care*" policy that will determine whether you can temporarily continue treatment for an existing work injury with your doctor if your doctor is removed from or no longer participates in the AmTrust California MPN.

If AmTrust North America, Inc. decides that you do not qualify to continue your care with the non-MPN provider, you and your Primary Treating Physician (PTP) must receive a letter of

notification.

In order to qualify to continue your care with your non-MPN provider, you must meet certain conditions as described below. If met, you may be able to continue treating with this doctor for up to a year before you must switch to an AmTrust California MPN physician. These conditions are:

- **Acute Condition-** The treatment for your injury or illness will be completed in less than 90 days.
- **Serious or Chronic Condition-** 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 and transfer of your care to an MPN physician would pose a safety issue or a regression of your current medical status. You may be allowed to be treated by your current treating doctor for up to one year or such time that your condition is stable, and a safe transfer of care can be made.
- **Terminal Condition-** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **Pending Surgery-** You already have a surgery or other procedure that has been authorized by AmTrust North America, Inc. and that is scheduled to occur within 180 days of the removal or non-participation date between the MPN and your doctor.

You can disagree with the decision to deny you Continuity of Care with the removed or non-participating provider. If you want to continue treating with the doctor, ask your Primary Treating Physician for a medical report stating whether you have one of the four conditions stated above to see if you qualify to continue treating with your current doctor temporarily.

Your Primary Treating Physician has 20 days from the date of your request to give you a copy of his/her medical report on your condition. If your Primary Treating Physician does not give you the report within 20 days of your request, AmTrust North America, Inc. may transfer your care to another appropriate physician within the MPN.

You will need to give a copy of the report to your claims adjuster if you wish to postpone the transfer of your care into the MPN. If you or AmTrust North America, Inc. disagrees with your doctor's report on your condition, it may be disputed. See the complete Continuity of Care policy for more details on the dispute resolution process.

For a copy of the entire Continuity of Care policy in English or Spanish, ask your MPN Contact or your claims adjuster.

Transfer of Care Policy

AmTrust North America, Inc. has a "*Transfer of Care*" policy which will determine if you can continue being temporarily treated for an existing work-related injury by a physician outside of the MPN before your care is transferred into the MPN.

If you have properly predesignated a Primary Treating Physician, you cannot be transferred into the MPN. (If you have questions about pre-designation, ask your employer or Human Resources contact.) If your current doctor is not or does not become a member of the AmTrust

California MPN, then you may be required to see a MPN physician.

If your claims administrator decides to transfer you into the MPN, you and your Primary Treating Physician (PTP) must receive a letter notifying you of the transfer.

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 postpone the transfer of your care into the MPN are:

- **Acute Condition-** The treatment for your injury or illness will be completed in less than 90 days.
- **Serious or Chronic Condition-** 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 and transfer of your care to an MPN physician would pose a safety issue or a regression of your current medical status. You may be allowed to be treated by your current treating doctor for up to one year or such time that your condition is stable, and a safe transfer of care can be made.
- **Terminal Condition-** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **Pending Surgery-** You already have a surgery or other procedure that has been authorized by AmTrust North America, Inc. and that is scheduled to occur within 180 days of the MPN effective date.

You can disagree with AmTrust North America, Inc.'s decision to transfer your care into the AmTrust California MPN. If you don't want to be transferred into the MPN, ask your Primary Treating Physician (PTP) 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 PTP has 20 days from the date of your request to give you a copy of his/her report on your condition. If your PTP does not give you the report within 20 days of your request, AmTrust North America, Inc. can transfer your care into the AmTrust California MPN and you will be required to use a MPN physician.

You will need to give a copy of the report to your claims adjuster if you wish to postpone the transfer of your care. If you or AmTrust North America, Inc. disagrees with your PTP's report on your condition, it may be disputed. See the complete transfer of care policy for more details on the dispute resolution process.

For a copy of the entire transfer of care policy in English or Spanish, ask your MPN Contact or your claims adjuster.

For Questions or MPN Information

What if I have questions or need help:

- **MPN Contact:** You may always contact AmTrust Provider & Network Management group to answer questions about the use of MPNs or to submit a formal MPN complaint by mail at AmTrust Workers Compensation Medical Networks, 400

Executive Blvd., Ste. 400, Southington, CT 06489, by phone at (800) 768-9605, or by email at MPNcontact@amtrustgroup.com. If you need an explanation about your medical treatment for your work-related injury or illness you can contact your claims adjuster if one has been assigned to your case.

- **Medical Access Assistants** are available Monday through Saturday (excluding Sundays and holidays) from 7 am to 8 pm, Pacific Time, by phone at (833) 990-3601, by email at CaliforniaMAA@amtrustgroup.com, or by fax at (855) 299 4367.
- **Division of Workers' Compensation (DWC):** If you have concerns, complaints, or questions regarding the AmTrust California MPN, the notification process or your medical treatment after a work-related injury or illness, you can call DWC's Information and Assistance Unit at 800-736-7401. You can also go to DWC's website at www.dir.ca.gov/dwc and click on "Medical provider networks" for more information about MPNs.
- **MPN Independent Medical Review:** If you have questions about the MPN Independent Medical Review process contact the Division of Workers' Compensation Medical Unit at:

DWC Medical Unit
P.O. Box 71010
Oakland CA 94612
(510) 286-3700 or (800) 794-6900

**Notificación de documentos de derechos de los empleados cubiertos
en relación con**

AmTrust North America, Inc.
Red de proveedores médicos (MPN) de AmTrust California
N.º de identificación de la MPN: 3154

**Este panfleto contiene información importante sobre su atención médica en caso de
que sufra una lesión o enfermedad relacionada con el trabajo**

Usted es importante para nosotros

Para nosotros es importante que usted goce de buena salud y que tenga un empleo de tiempo completo. La meta de su empleador es brindarle un empleo en un entorno laboral seguro. Sin embargo, en caso de sufrir una lesión o enfermedad a causa de su trabajo, queremos asegurarnos de que reciba rápidamente tratamiento médico de calidad. Nuestra meta es ayudarlo a que se recupere de forma total y regrese a trabajar tan pronto como sea posible y seguro. De conformidad con la ley de California, ofrecemos beneficios de indemnización por accidentes y enfermedades laborales, los cuales incluyen el pago de todo el tratamiento médico apropiado para lesiones o enfermedades relacionadas con el trabajo. Si tiene alguna pregunta en relación con la red de proveedores médicos (MPN), comuníquese con el grupo de administración de redes y proveedores de AmTrust por teléfono al (800) 768-9605 o envíe un correo electrónico a MPNcontact@amtrustgroup.com. Si necesita que le expliquen el tratamiento médico para su lesión o enfermedad relacionada con el trabajo, puede comunicarse con su examinador de reclamos si se ha asignado uno a su caso.

MPN de AmTrust California

AmTrust North America, Inc. brinda acceso a tratamiento médico en caso de que usted sufra una lesión o enfermedad relacionada con el trabajo a través de la MPN de AmTrust California. La MPN de AmTrust California accede al tratamiento médico a través de proveedores seleccionados de Anthem Blue Cross Prudent Buyer PPO (“Blue Cross of California”), Kaiser-On-the-Job Provider Network. En conjunto, estas fuentes contratan a médicos, hospitales y muchos otros proveedores, y brindan acceso a estos, para responder a los requisitos especiales de las lesiones o enfermedades sufridas en el trabajo.

Acceso a la atención

En caso de sufrir una lesión o enfermedad relacionada con el trabajo, debe hacer lo siguiente:

Notificar a su empleador:

- Debe notificar de inmediato a su supervisor o al representante del empleador para garantizar el acceso a la atención médica. Los empleadores deben autorizar el tratamiento médico en el plazo de un día laboral después de que usted haya presentado

el formulario de reclamo completado (DWC-1). Para garantizar su derecho a los beneficios, debe informar todas las lesiones y solicitar un formulario de reclamo.

Atención inicial o de urgencia:

- Si necesita tratamiento médico, su empleador lo remitirá a un proveedor de la MPN tras el informe inicial de la lesión. La cita para recibir atención médica inicial debe ser inmediata, pero, en ningún caso, deberá exceder los tres días hábiles después de haber avisado a su empleador o al asistente de acceso médico de la MPN que necesita tratamiento.

Atención de emergencia:

- En caso de una emergencia*, acuda al proveedor de atención médica más cercano. Una vez que su afección se haya estabilizado, comuníquese con su empleador o con AmTrust North America, Inc. al (866) 272-9267. Si necesita ayuda para encontrar un proveedor de atención continua de la MPN, comuníquese con el asistente de acceso médico de la MPN de AmTrust California llamando por teléfono al (833) 990-3601 o envíe un correo electrónico a CaliforniaMAA@amtrustgroup.com.

** La atención de emergencia se define como la necesidad de recibir esos servicios de atención médica para evaluar y tratar afecciones que hayan comenzado recientemente y que sean de tal gravedad que llevaría a una persona con conocimientos promedios de medicina a creer que necesita atención de emergencia.*

Atención posterior:

- Toda atención médica que no sea de emergencia, pero que requiera tratamiento continuo, pruebas médicas exhaustivas o un programa de rehabilitación, debe 1) ser autorizada por el examinador de reclamos y 2) basarse en las pautas de tratamiento médico evidenciadas (Código Laboral de California, artículo 5307.27 y según lo estipulado en el título 8 del Código de Reglamentos de California, artículo 9792.20 y siguientes).
- El acceso a la atención posterior, incluidos los servicios de especialistas, deberá estar disponible en un plazo que no exceda los veinte (20) días hábiles desde su solicitud razonable de una cita a través del asistente de acceso médico de la MPN de AmTrust California.
- Si el asistente de acceso médico de la MPN no pudiera, en el plazo de los diez días hábiles, programar una cita médica inicial que tenga lugar en el plazo de los veinte (20) días hábiles desde su solicitud, AmTrust North America, Inc., en nombre de su empleador, le permitirá recibir el tratamiento necesario con un especialista apropiado fuera de la MPN.
- El médico de la MPN, que es el médico tratante primario, continuará administrando todas las necesidades del tratamiento médico del empleado lesionado cubierto.
- Si usted no pudiera recibir un tratamiento médico razonable y necesario de un médico de la MPN conforme a los estándares de acceso aplicables y los plazos indicados anteriormente, se le permitirá recibir el tratamiento necesario para esa lesión de un médico apropiado fuera de la MPN ubicado en un área geográfica razonable. Cuando la MPN pueda proporcionar el tratamiento necesario a través de un médico de la

MPN, se le puede requerir que se trate con un médico de la MPN cuando se determine que la transferencia de la atención es apropiada.

- Si no se dispone de servicios auxiliares en un plazo razonable o en un área geográfica razonable, puede recibir servicios auxiliares necesarios y autorizados fuera de la MPN dentro de un área geográfica razonable.

Si se encuentra trabajando temporalmente fuera del área geográfica de servicio de la MPN, o si cambia su lugar de residencia o se muda fuera de dicha área y se lesiona:

A continuación, encontrará la política por escrito de AmTrust North America, Inc. para realizar arreglos o aprobar la atención médica que no sea de emergencia para las siguientes personas: (1) un empleado cubierto autorizado por el empleador a trabajar temporalmente o para viajar por razones de trabajo fuera del área geográfica de servicio de la MPN cuando surja la necesidad de atención médica; (2) un empleado cuyo empleador continúe teniendo obligaciones de indemnización de trabajadores y que resida permanentemente fuera del área geográfica de servicio de la MPN; y (3) un empleado lesionado que decida residir temporalmente fuera del área geográfica de servicio de la MPN durante su recuperación.

- Si sufre una lesión o enfermedad relacionada con el trabajo que no sea de emergencia y se encuentra fuera del área de servicio de la MPN, deberá notificar a su empleador y buscar tratamiento en la clínica de salud ocupacional o en la clínica de atención primaria disponible más cercana.
- En caso de una emergencia o si necesita atención de urgencia, deberá buscar atención médica en el hospital o centro de atención de urgencia más cercano. De ser posible, usted o un representante personal deberán informar sobre la lesión o enfermedad en el plazo de las 24 horas de haber recibido tratamiento.
- Una vez que regrese al área de servicio de la MPN, su atención médica se transferirá a un proveedor dentro de la MPN de AmTrust California.
- Los empleados que estén trabajando temporalmente fuera del área geográfica de servicio de la MPN, o hayan cambiado su lugar de residencia o se hayan mudado fuera de dicha área podrán elegir un nuevo médico de una red ya establecida por AmTrust North America, Inc. en la nueva región donde se necesita recibir el tratamiento. Puede acceder en línea a una lista de médicos o puede solicitársela a su examinador de reclamos. La búsqueda y el directorio de proveedores en línea está disponible en www.talispoint.com/amtrust/external/. En la lista, se incluye una selección de al menos tres médicos para que elija. Su médico tratante primario también puede derivarlo a un nuevo proveedor o ayudarlo a encontrar uno dentro de la red alternativa. Los médicos de la derivación se encontrarán dentro de los estándares de acceso descritos en este aviso, es decir, en un radio de 15 millas o 30 minutos para los médicos tratante primarios y de 30 millas o 60 minutos para la atención especializada.
- La MPN no impide que un empleado cubierto que se encuentra fuera del área geográfica de servicio de la MPN pueda elegir a un proveedor para la atención médica que no sea de emergencia.
- **Cuando regrese a California, si aún necesita atención médica continua, comuníquese de inmediato con su examinador de reclamos o su empleador para que**

lo derive a un proveedor de atención continua de la MPN.

Cómo elegir un médico dentro de la MPN

La MPN de AmTrust California cuenta con proveedores en todo el estado de California. La MPN debe proporcionarle una lista de proveedores de la región que incluya por lo menos a tres médicos de una especialidad que se suele usar para tratar lesiones o enfermedades relacionadas con el trabajo en su industria. La MPN debe brindarle acceso a médicos tratantes primarios ubicados en un área de 15 millas o a 30 minutos de su hogar o lugar de trabajo y a especialistas ubicados en un área de 30 millas o a 60 minutos de su hogar o lugar de trabajo.

Para ubicar a un proveedor participante u obtener un directorio de la región:

Búsquedas y directorios de proveedores:

- Búsqueda y directorios de proveedores en línea: si tiene acceso a Internet, puede buscar una lista de todos los médicos tratantes en la MPN o acceder a esta visitando el sitio web www.talispoint.com/amtrust/campn/. Puede buscar médicos disponibles de la MPN por nombre, especialidad o ubicación utilizando los filtros disponibles.
- Puede acceder a copias en PDF de la lista de todos los médicos tratantes y la lista de todos los proveedores participantes seleccionando esta opción desde la página de inicio. También puede solicitar una copia impresa o una copia electrónica del listado completo de proveedores. Para obtener más información sobre la MPN, visite: www.talispoint.com/amtrust/campn/.
- Los médicos tratantes secundarios y especialistas a los que puede consultar solo con una derivación aprobada están claramente designados con la indicación “by referral only” (solo por derivación) en el buscador de proveedores en línea y la lista de todos los médicos tratantes.
- Si no tiene acceso a Internet, puede solicitar ayuda para ubicar a algún proveedor de la MPN o para concertar una cita llamando al asistente de acceso médico de AmTrust California al (833) 990-3601, enviándole un correo electrónico a CaliforniaMAA@amtrustgroup.com o enviándole un fax al (855) 299-4367.
- Comuníquese de inmediato con el examinador de reclamos para informarnos cualquier cita que haya programado con un proveedor de la MPN.

Cómo elegir un médico (para toda atención inicial y posterior):

- Su empleador lo remitirá a un proveedor de la MPN cuando informe sobre su lesión inicialmente. Usted tiene derecho a tratarse con un médico de su elección dentro de la MPN después de la visita inicial.
- El médico tratante primario (PTP) que elija debe ser el adecuado para tratar su lesión.
- Si desea cambiar el PTP de la MPN después de la visita inicial, puede hacerlo de la siguiente manera:
 - 1) Accediendo a los directorios de proveedores en línea (vea más arriba).
 - 2) Llamando al asistente de Acceso Médico o a su examinador de reclamos.
- Si tiene problemas para programar una cita con un proveedor de la MPN, comuníquese con el asistente de acceso médico de la MPN de AmTrust California lo antes que pueda, y este lo ayudará.
- Si elige un nuevo PTP, comuníquese de inmediato con su examinador de reclamos y

proporciónale el nombre, la dirección y el número de teléfono del médico que haya elegido. También debe brindar la fecha y hora de la evaluación inicial.

- En el caso de que sea médicamente necesario que lo deriven a un especialista para el tratamiento, su PTP primero debe presentar una solicitud de autorización. Después de la autorización, su PTP puede derivarlo al especialista correspondiente dentro de la red o usted puede elegir al especialista que prefiera dentro de la MPN.
- Si se elige a un quiropráctico como el médico tratante primario, este puede actuar como PTP solo hasta que se alcance un límite de 24 visitas (a menos que AmTrust North America, Inc. autorice lo contrario por escrito); después de esto, deberá elegir a otro PTP de la MPN que no sea un quiropráctico. Si no lo hace, AmTrust North America, Inc. podrá asignar a otro PTP que no sea un quiropráctico y que sea de la especialidad adecuada para tratar su lesión o enfermedad relacionada con el trabajo.
- Si fuera necesario que consulte a algún especialista o si su médico tratante primario de la MPN se lo recomienda, pero no se encuentra disponible dentro de la red, se le permitirá que se trate con uno que no pertenezca a la MPN de AmTrust California. Los asistentes de acceso médico de la MPN de AmTrust California o su examinador de reclamos pueden ayudarlo a encontrar a los especialistas adecuados si lo solicita. Una vez que haya encontrado al especialista adecuado fuera de la red, programe una cita e infórmeles a su médico tratante primario y a su examinador de reclamos la fecha y la hora de la cita. Su médico de la MPN, que es su médico tratante primario, continuará administrando todas las necesidades del tratamiento médico.
- Si la MPN no puede proporcionarle acceso a un médico tratante primario en un área de 15 millas o a 30 minutos de su lugar de trabajo o residencia, la MPN le permitirá buscar un tratamiento fuera de esta. Comuníquese con su examinador de reclamos si necesita ayuda. Cuando la MPN de AmTrust California pueda proporcionar el tratamiento necesario a través de un médico de la MPN, se le puede requerir que derive su atención continua a un médico de la MPN cuando resulte seguro y apropiado hacerlo. Puede acceder a más información sobre la derivación de la atención en las secciones “Derivación de la atención” y “Continuidad de la atención” que se encuentran más abajo.
- La MPN ofrecerá telemedicina* a los trabajadores lesionados en todo el estado. Si acepta el uso de telemedicina, el consentimiento se documentará de conformidad con la sección §2290.5 (b) del Código de Negocios y Profesiones, y la MPN facilitará la coordinación de telemedicina para el trabajador lesionado mediante aplicaciones móviles, aplicaciones de computadora o cabinas en la ubicación del empleador.

*La telemedicina es un medio para brindar servicios de atención médica y salud pública a través de tecnologías de la información y de la comunicación e incluye a los médicos de Concentra Telemed y a los servicios de Concentra Telerehab en esta MPN.

- Si selecciona y da su consentimiento a un médico que solo atiende pacientes a través de telemedicina, ese médico se contará como un médico de la MPN disponible al momento de determinar si se han cumplido los estándares de acceso.
- Si no da su consentimiento para médicos de telemedicina, o revoca su consentimiento, la MPN se limitará a ofrecer médicos de la MPN dentro de los estándares de acceso en un entorno físico. Si la MPN no cumple con los estándares de acceso, se le permitirá obtener el tratamiento necesario para esa lesión de un médico tratante primario o de un especialista apropiado fuera de la MPN, dentro de un área geográfica razonable.
- Los trabajadores lesionados que consientan la telemedicina y busquen tratamiento con médicos de Concentra Telemed tendrán acceso a fisioterapia y terapia ocupacional en el programa Concentra Telerehab por remisión de médicos de Concentra Telemed.
- Puede obtener información sobre telemedicina y una lista de proveedores de telemedicina ingresando a www.talispoint.com/amtrust/campn/.

Asistentes de acceso médico

Los asistentes de acceso médico de la MPN de AmTrust California están disponibles, como mínimo, de lunes a sábado (excepto los domingos y los feriados) de 7:00 a. m. a 8:00 p. m., hora del Pacífico, para brindarle ayuda al empleado cubierto con el acceso a la atención médica de la MPN. La ayuda incluye, pero no se limita a, comunicarse con los consultorios de los proveedores durante el horario laboral habitual para que encuentre a los médicos de la MPN disponibles que puede elegir, así como programar y confirmar citas con médicos. La ayuda se encuentra disponible en inglés y en español.

Como mínimo hay un asistente de acceso médico de la MPN de AmTrust California disponible para atenderle durante todas las horas requeridas, y todas las personas que llamen pueden dejar mensajes de voz. Los asistentes de acceso médico responderán las llamadas, los faxes o los mensajes electrónicos al día siguiente, excepto los domingos y los feriados. Dichos asistentes trabajan en coordinación con los examinadores de reclamos a fin de garantizar que tenga a disposición un tratamiento médico oportuno y adecuado. Puede comunicarse con el asistente de acceso médico llamando al (833) 990-3601, enviándole un correo electrónico a CaliforniaMAA@amtrustgroup.com y por fax al (855) 299-4367.

Segundas y terceras opiniones

Segunda opinión:

- Si no está de acuerdo con el diagnóstico o con el tratamiento prescrito por su médico de la MPN, puede obtener una segunda opinión dentro de la MPN de AmTrust California. Durante este proceso, debe continuar con el tratamiento con su médico inicial de la MPN. A

continuación, se describen las responsabilidades tanto de usted, como empleado lesionado, como de su ajustador de reclamos de AmTrust North America, en nombre de su empleador:

1. Deberá informarle oralmente o por escrito a su examinador de reclamos su desacuerdo con la opinión de su médico tratante.
2. Luego, deberá elegir a un médico o especialista de la lista de proveedores de la región disponibles de la MPN; su examinador de reclamos le brindará dicha lista en el plazo de los 10 días hábiles de la notificación de su solicitud de una segunda opinión.
3. Usted deberá concertar una cita con su médico o especialista seleccionado en el plazo de los 60 días desde el día en que recibe la lista de proveedores de la región.
4. Deberá informarle a su examinador de reclamos los detalles de su cita, incluido el nombre del proveedor que eligió y la fecha, la hora y la ubicación de la cita.
5. Se considerará que ha renunciado a su derecho a una segunda opinión si no concierta una cita en el plazo de los 60 días de haber recibido la lista de médicos y especialistas disponibles que envió su examinador de reclamos.
6. Tiene derecho a solicitarnos una copia de las historias clínicas que se enviaron al médico que brinda la segunda opinión.
7. Si el médico o especialista que brinda la segunda opinión considera que su lesión se encuentra fuera del tipo de lesión que trata normalmente, desde el consultorio del médico se lo informarán a usted y a su examinador de reclamos. Puede elegir a un nuevo médico de la lista inicial de la región o puede solicitar otra lista de médicos o especialistas de la MPN.
8. El proceso descrito más arriba en los números 2 a 7 vuelve a comenzar después de que haya elegido y recibido la lista de proveedores o especialistas disponibles.

Tercera opinión:

- Si no está de acuerdo con el diagnóstico o con el tratamiento prescrito por el médico que brindó la segunda opinión, puede obtener una tercera opinión dentro de la MPN de AmTrust California. Durante este proceso, debe continuar el tratamiento con su médico inicial de la MPN. A continuación, se describen las responsabilidades tanto de usted, como empleado lesionado, como de su ajustador de reclamos de AmTrust North America, en nombre de su empleador:
 1. Deberá informarle oralmente o por escrito a su examinador de reclamos su desacuerdo con la opinión de su médico tratante.
 2. Deberá elegir a un médico o especialista de la lista de proveedores disponibles de la MPN de AmTrust California que se le proporcionó previamente, o puede solicitarle a su examinador de reclamos una nueva lista del área regional.
 3. Usted deberá concertar una cita con su médico o especialista seleccionado en el plazo de los 60 días.
 4. Deberá informarle a su examinador de reclamos los detalles de su cita, incluido el nombre del proveedor que eligió y la fecha, la hora y la ubicación de la cita.
 5. Se considerará que ha renunciado a su derecho a una tercera opinión si no concierta una cita en el plazo de los 60 días de haber recibido la lista de médicos y especialistas disponibles que envió su examinador de reclamos. Si eligió no recibir una nueva lista de proveedores disponibles, se considerará que ha renunciado a su derecho a una tercera opinión si no concierta una cita en el plazo de los 60 días desde el día en que notificó a su examinador de reclamos sobre su

- solicitud de una tercera opinión y estuvo de acuerdo con elegir a un médico de la lista de médicos de la MPN disponibles que se le proporcionó previamente.
6. Usted tiene derecho a solicitarnos una copia de las historias clínicas que se enviaron al médico que brinda la tercera opinión.
 7. Si el médico que brinda la tercera opinión considera que su lesión se encuentra fuera del tipo de lesión que trata normalmente, desde el consultorio del médico se lo informarán a usted y a su examinador de reclamos. Puede elegir a un nuevo médico de la lista inicial de la región o puede solicitar otra lista de médicos o especialistas de la MPN.
 8. El proceso descrito más arriba en los números 2 a 7 vuelve a comenzar después de que haya elegido y recibido la lista de proveedores o especialistas disponibles.
- Si la MPN no tiene un médico que pueda proporcionar el tratamiento recomendado por el médico que brindó la segunda o tercera opinión, usted puede elegir a un médico fuera de la MPN ubicado en un área geográfica razonable. Puede recibir el tratamiento recomendado cambiando al médico que brindó la segunda opinión, al médico que brindó la tercera opinión o a otro médico de la MPN.
 - En el momento en que elija al médico para la tercera opinión, el contacto de la MPN le notificará sobre el proceso de la revisión médica independiente (IMR) de la MPN y le proporcionará una solicitud para dicho proceso (ver más abajo).
 - Si no está de acuerdo con el médico que brindó la tercera opinión, puede solicitar una revisión médica independiente de la MPN (IMR de la MPN).
 - Si el médico que brindó la segunda o tercera opinión o el médico revisor independiente de la MPN están de acuerdo con la opinión de su médico tratante primario en torno a su necesidad de recibir tratamiento o someterse a pruebas, se le permitirá recibir dicho servicio médico de un proveedor de la MPN o, si la MPN no tiene un médico que pueda proporcionar el tratamiento recomendado, usted puede elegir a un médico fuera de la MPN ubicado en un área geográfica razonable. Los planes y las solicitudes de tratamiento aplicables a esta sección igualmente están sujetos a las normas y las reglamentaciones de la revisión de la utilización y la revisión médica independiente.

Política de continuidad de la atención

AmTrust North America, Inc. tiene una política de “*continuidad de la atención*” redactada por escrito que determinará si usted puede continuar temporalmente el tratamiento para una lesión laboral existente con su médico en caso de que lo hayan quitado de la MPN de AmTrust California o ya no participe en esta.

Si AmTrust North America, Inc. decide que usted no califica para continuar su atención con el proveedor que no forma parte de la MPN, usted y su médico tratante primario (PTP) deberán recibir una carta de notificación.

A fin de calificar para continuar su atención con el proveedor que no forma parte de la MPN, deberá cumplir con las condiciones que se describen a continuación. Si se cumplen, es posible que pueda continuar el tratamiento con este médico por hasta un año antes de que deba cambiarse a un médico de la MPN de AmTrust California. Estas condiciones son las siguientes:

- **Afección aguda:** el tratamiento para su lesión o enfermedad concluirá en menos de 90 días.
- **Afecciones crónicas o graves:** su lesión o enfermedad se considera grave y continúa por lo menos durante 90 días sin que logre curarse por completo o empeora y requiere tratamiento continuo, y la derivación de su atención a un médico de la MPN supondría un problema de seguridad o una regresión de su estado médico actual. Se le puede permitir que reciba tratamiento con el médico tratante actual durante un año como máximo o hasta que su afección se estabilice y se pueda realizar una derivación de la atención de forma segura.
- **Afección terminal:** tiene una enfermedad incurable o una afección irreversible que probablemente le cause la muerte en el plazo de un año o menos.
- **Cirugía pendiente:** usted ya tiene una cirugía u otro procedimiento que ha sido autorizado por AmTrust North America, Inc. y que se prevé que se lleve a cabo en el plazo de los 180 días de la fecha en que se quitó de la MPN a su médico o en que dejó de participar en esta.

Puede no estar de acuerdo con la decisión de negarle la continuidad de la atención con el proveedor que se quitó de la MPN o dejó de participar en esta. Si desea continuar el tratamiento con el médico, pídale a su médico tratante primario que realice un informe médico en el que indique si usted reúne una de las cuatro afecciones indicadas arriba a fin de comprobar si califica para continuar temporalmente el tratamiento con su médico actual.

Su médico tratante primario tiene 20 días desde la fecha de su solicitud para entregarle una copia de su informe médico sobre su afección. En el caso de que su médico tratante primario no le proporcione el informe en el plazo de los 20 días de su solicitud, AmTrust North America, Inc. puede derivar su atención a otro médico dentro de la MPN.

Deberá entregar una copia del informe a su examinador de reclamos si desea posponer la derivación de su atención a la MPN. Si usted o AmTrust North America, Inc. no están de acuerdo con el informe de su médico sobre su afección, puede ser impugnado. Consulte la política completa de continuidad de la atención para obtener más información sobre el proceso de resolución de conflictos.

Para obtener una copia de la política completa de continuidad de la atención en inglés o español, solicítasela a su contacto de la MPN o a su examinador de reclamos.

Política de derivación de la atención

AmTrust North America, Inc. tiene una política de “*derivación de la atención médica*” que determinará si usted puede continuar temporalmente el tratamiento para una lesión existente relacionada con el trabajo con un médico fuera de la MPN antes de que su atención se derive a la MPN.

Si ha designado previamente a un médico tratante primario de forma correcta, no se lo puede derivar a la MPN. (Si tiene preguntas sobre la designación previa, pregúntele a su empleador o contacto de Recursos Humanos). Si su médico actual no es miembro de la MPN de AmTrust California o no afilia a esta, es posible que usted deba consultar a un médico de la MPN.

Si su administrador de reclamos decide derivarlo a la MPN, usted y su médico tratante primario (PTP) deben recibir una carta en la que se les notifique la derivación.

Si usted reúne ciertas condiciones, podría calificar para continuar el tratamiento con un médico que no forme parte de la MPN durante un año como máximo antes de ser derivado a la MPN. Las afecciones para poder posponer la derivación de su atención a la MPN son las siguientes:

- **Afección aguda:** el tratamiento para su lesión o enfermedad concluirá en menos de 90 días.
- **Afecciones crónicas o graves:** su lesión o enfermedad se considera grave y continúa por lo menos durante 90 días sin que logre curarse por completo o empeora y requiere tratamiento continuo, y la derivación de su atención a un médico de la MPN supondría un problema de seguridad o una regresión de su estado médico actual. Se le puede permitir que reciba tratamiento con el médico tratante actual durante un año como máximo o hasta que su afección se estabilice y se pueda realizar una derivación de la atención de forma segura.
- **Afección terminal:** tiene una enfermedad incurable o una afección irreversible que probablemente le cause la muerte en el plazo de un año o menos.
- **Cirugía pendiente:** usted ya tiene una cirugía u otro procedimiento que ha sido autorizado por AmTrust North America, Inc. y que está programado para llevarse a cabo dentro de los 180 días de la fecha de vigencia de la MPN
- Puede estar en desacuerdo con la decisión de AmTrust North America, Inc. de derivar su atención a la MPN de AmTrust California. Si no quiere que lo deriven a la MPN, pida a su médico tratante primario (PTP) un informe médico sobre si tiene una de las cuatro afecciones que se indicaron anteriormente para tener derecho a un aplazamiento de su derivación a la MPN.

El PTP tiene 20 días desde la fecha de su solicitud para entregarle una copia de su informe sobre su afección. Si el PTP no le entrega el informe dentro de los 20 días siguientes a su solicitud, AmTrust North America, Inc. puede derivar su atención a la MPN de AmTrust California y se le exigirá que utilice un médico de la MPN.

Deberá entregar una copia del informe al examinador de reclamos si desea posponer la derivación de su atención. Si usted o AmTrust North America, Inc. no está de acuerdo con el informe de su PTP sobre su afección, puede ser impugnado. Consulte la política completa de derivación de la atención para obtener más información sobre el proceso de resolución de conflictos.

Para obtener una copia de la política completa de derivación de la atención en inglés o español, solicítela a su contacto de la MPN o a su examinador de reclamos.

Para hacer preguntas o pedir información sobre la MPN

¿Qué sucede si tengo preguntas o necesito ayuda?

- **Contacto de la MPN:** Siempre puede ponerse en contacto con el group de la administración de redes y proveedores de AmTrust para que responda sus preguntas sobre el uso de la MPN o para presentar una queja formal sobre la MPN por correo a AmTrust Workers Compensation Medical Networks (Redes médicas de indemnización por

accidentes y enfermedades laborales de AmTrust), 400 Executive Blvd., Ste. 400, Southington, CT 06489, por teléfono al (800) 768-9605, o por correo electrónico a MPNcontact@amtrustgroup.com. Si necesita que le expliquen el tratamiento médico para su lesión o enfermedad relacionada con el trabajo, puede comunicarse con su examinador de reclamos si se ha asignado uno a su caso.

- Los **asistentes de acceso médico** están disponibles de lunes a sábados (excepto los domingos y los feriados) de 7:00 a. m. a 8:00 p. m., hora del Pacífico, por teléfono al (833) 990-3601, por correo electrónico a CaliforniaMAA@amtrustgroup.com, o por fax al (855) 299 4367.
- **División de compensación de trabajadores (DWC):** Si tiene dudas, quejas o preguntas sobre el proceso de notificación a la MPN de AmTrust California o sobre su tratamiento médico tras una lesión o enfermedad relacionada con el trabajo, puede llamar a la Unidad de Información y Asistencia de la DWC al 800-736-7401. También puede ir al sitio web de la DWC en www.dir.ca.gov/dwc y hacer clic en “Medical provider networks” (Redes de proveedores médicos) para obtener más información sobre las MPN.
- **Revisión médica independiente de la MPN:** Si tiene preguntas sobre el proceso de Revisión Médica Independiente de la MPN, comuníquese con la Division of Workers’ Compensation Medical Unit (Unidad Médica de la División de Compensación de Trabajadores) a:
DWC Medical Unit
P.O. Box 71010
Oakland CA 94612
(510) 286-3700 o (800) 794-6900

Answers To Your Questions About Worker's Compensation Fact Sheet

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.



Call 1-800-736-7401 or visit the website www.dwc.ca.gov to find the I & A office near you.

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 an injury at work, 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

The information contained in this is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.



State of California
**Department of
Industrial Relations**

1515 Clay Street, 17th Floor
Oakland, CA 94612

DWC's mission: Minimizing the impact of work-related injuries and illnesses. Helping solve disputes over workers' compensation benefits. Monitoring the administration of claims.

Call 1-800-736-7401 or visit the website www.dwc.ca.gov to find the Information & Assistance Unit near you.

DIVISIÓN DE COMPENSACIÓN DE TRABAJADORES

HOJA INFORMATIVA

¿Qué es la compensación de trabajadores?

Si usted se lesiona en el trabajo, su empleador está obligado por ley a pagarle los beneficios de compensación de trabajadores. Usted podría lesionarse por:

Un incidente en el trabajo. Ejemplos: lastimarse la espalda al caerse, quemarse con un producto químico que le salpica la piel, lesionarse en un accidente automovilístico mientras hace entregas.

-O-

Exposiciones repetidas en el trabajo. Ejemplos: lastimarse la muñeca por hacer movimientos repetitivos, perder la audición debido a la presencia de ruidos fuertes y constantes.

¿Cuáles son los beneficios?

- **Atención médica:** Pagada por su empleador, para ayudarle a recuperarse de una lesión o enfermedad causada por el trabajo.
- **Beneficios por incapacidad temporal:** Pagos que usted recibe por los salarios perdidos si su lesión le impide hacer su trabajo habitual mientras se recupera.
- **Beneficios por incapacidad permanente:** Pagos que usted recibe si no se recupera completamente.
- **Beneficios suplementarios por la pérdida de trabajo** (si usted se lesionó durante o después del año 2004): Vales que ayudan a cubrir el costo de capacitación o desarrollo de habilidades en caso de que usted no se recupere por completo y no regrese a trabajar para su empleador.
- **Beneficios por muerte:** Pagos que recibe su cónyuge, sus hijos u otros dependientes en caso de su muerte a causa de una lesión o enfermedad laboral.

¿Qué debo hacer si me lesiono en el trabajo?

Informe a su empleador sobre la lesión que ha sufrido

Infórmele inmediatamente a su supervisor. Si su lesión o enfermedad se desarrolló gradualmente (como la tendinitis o la pérdida de audición), infórmelo tan pronto como se entere o usted considere, que la lesión fue causada por su trabajo.



Fotos por Robert Gumpert

Reduce al mínimo el impacto de las lesiones y enfermedades relacionadas con el trabajo



Ayuda a resolver las disputas sobre los beneficios de compensación de trabajadores



Supervisa la administración de los reclamos

Reciba atención de emergencia si es necesario

Si se trata de una emergencia médica, vaya a una sala de emergencias inmediatamente. Su empleador puede indicarle a qué centro médico dirigirse. Informe al proveedor de atención médica que le atienda que su enfermedad o lesión está relacionada con su trabajo.

Llene un formulario de reclamo y entrégueselo a su empleador

Su empleador debe darle o enviarle por correo un formulario de reclamo (DWC 1) dentro del plazo de un día laboral a partir del momento en que se le notifica de su lesión o enfermedad. Utilícelo para solicitar los beneficios de compensación de trabajadores.

Reciba una buena atención médica

Reciba una buena atención médica para ayudarle a recuperarse. Debe ser atendido por un médico que comprenda su lesión o enfermedad específica. Explíquelo al médico sus síntomas y las circunstancias laborales que usted cree causaron la lesión o enfermedad. Describa también su trabajo y su ambiente de trabajo.

Tengo miedo de que me despidan por mi lesión. ¿Puede despedirme mi empleador?

Es ilegal que un empleador lo sancione o lo despidan por lesionarse o por presentar un reclamo de compensación de trabajadores cuando usted considera que la lesión fue causada por su trabajo.

Si usted cree que su empleo está en riesgo, recurra a alguien que pueda ayudarlo. Tenga en cuenta que existen plazos para tomar medidas a fin de proteger sus derechos.

La División de Compensación de Trabajadores de California

(DWC- Division of Workers' Compensation) es el organismo estatal que supervisa el otorgamiento de beneficios a trabajadores que han sufrido lesiones, y ayuda a resolver disputas sobre beneficios entre los trabajadores lesionados y sus empleadores.

El personal de la oficina de Información y Asistencia (I&A- Information and Assistance) de la DWC puede guiarle por el sistema de compensación de trabajadores, y puede proporcionarle formularios de reclamo u otros documentos que usted necesite para recibir beneficios.

Puede descargar la publicación GRATUITA "Una Guía para los trabajadores lesionados" ("A Guidebook for Injured Workers") en www.dwc.ca.gov.



Llame al 1-800-736-7401, las 24 horas, para escuchar información grabada sobre una variedad de temas de compensación de trabajadores, o consulte la página web en www.dwc.ca.gov para información sobre la oficina de I & A más cercana a usted.

*Visite el sitio web de la **DIVISIÓN DE COMPENSACIÓN DE TRABAJADORES** (Division of Workers' Compensation) en www.dwc.ca.gov o llame al 1-800-736-7401*

勞工賠償情況說明問題解答

什麼是勞工賠償？

如果您在工作中受傷，您的雇主必須依法支付勞工賠償福利。您可能因以下原因受傷：

工作中的一次事件。例如：摔倒時傷到背部、被濺到皮膚上的化學品灼傷、送貨時因車禍受傷。

—或—

或在工作中重複暴露。例如，長期重複相同動作導致手腕受傷，或因長時間接觸高噪音而導致聽力喪失。

有什麼福利？

- **醫療護理：**由您的雇主支付，幫助您從工作造成的傷害或疾病中恢復過來。
- **臨時性傷殘福利：**如果您因為受傷而無法在康復期間做平常的工作，因而喪失工資，則會獲得補助。
- **永久性傷殘福利：**如果您無法完全康復，可獲得補助金。
- **補充職業轉換福利**（如果您的受傷日期在 2004 年或之後）：如果您沒有完全康復，也沒有繼續為您的雇主工作，可獲得用來協助支付再訓練或技能提升費用的代金券。
- **死亡撫卹金：**如果您因工傷或疾病死亡，支付給配偶、子女或其他受撫養人的款項。

如果我受了工傷，我該怎麼做？向您的雇

主報告工傷

立即告訴您的主管。如果您的傷害或疾病是逐漸形成的（如肌腱炎或聽力損失），請在得知或相信是由工作引起時立即報告。

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攝自：Robert Gumpoert

將工傷與疾病的影響減至最低。



協助解決勞工賠償福利爭議



監督索賠管理

必要時接受緊急治療

如果是緊急醫療狀況，請立即前往急診室。您的雇主可能會告訴您前去哪裡治療。告訴治療您的醫療服務提供者您的傷害或疾病與工作有關。

填寫索賠表並交給您的雇主

您的雇主必須在得知您受傷或生病後一個工作天內給您或寄給您一份索賠表（DWC 1）。填寫表格申請勞工賠償福利。

獲得良好的醫療護理

獲得良好的醫療護理以幫助您康復。您應該接受了解您的特定傷害或疾病類型的醫生的治療。告訴醫生您的症狀，以及您認為造成這些症狀的工作事件。也請描述您的工作和工作環境。



請致電 1-800-736-7401 或訪問網站 www.dwc.ca.gov，尋找您附近的 I & A 辦公室。

我擔心我可能會因為受傷而被解雇。我的雇主可以解雇我嗎？

如果您的雇主因為您在工作中受傷，或因為您認為您的傷害是由工作所造成而提出勞工賠償索賠，而懲罰或開除您，則屬於違法行為。

如果您覺得您的工作受到威脅，請尋求幫助。請注意，採取行動保護您的權利是有截止期限的。

加州勞工賠償處（Division of Workers' Compensation, DWC）是負責監督受傷工人福利提供的州政府機構，並協助解決受傷工人與雇主之間的福利糾紛。

DWC 信息與協助單位（I&A）專員可協助您了解勞工賠償制度，並可提供索賠表格或您領取福利所需的其他表格。

可從 www.dwc.ca.gov 下載免費刊物《受傷工人指南》（A Guidebook for Injured Workers）

此處所含資訊為一般性資訊，不能取代法律建議。法律的變更或您案件的具體事實可能會導致與此處所述不同的法律解釋。



1515 Clay Street, 17th Floor
Oakland, CA 94612

DWC 使命： 將工傷與疾病的影響減至最低。協助解決勞工賠償福利爭議。監督索賠管理。

請致電 1-800-736-7401 或訪問網站 www.dwc.ca.gov，尋找您附近的信息與協助單位。

근로자 보상 관련 질문에 대한 답변 팩트 시트

산재 보상이란 무엇인가요?

업무 중 부상을 당하면 고용주는 법에 따라 산재 보상금을 지급해야 합니다. 부상의 원인:

직장에서의 1회 부상. 예: 넘어져 허리를 다치거나, 피부에 화학 물질이 튀어 화상을 입거나, 배달 중 교통사고로 다쳤을 때 등.

—또는—

직장에서의 노출 반복. 예: 같은 동작을 반복하다 손목을 다치거나 계속되는 시끄러운 소음으로 인해 청력을 잃는 경우.

어떤 혜택들이 있나요?

- **의료 서비스:** 업무로 인한 부상이나 질병으로부터 회복을 돕기 위해 고용주가 비용을 지불합니다.
- **일시적 장애 보상금:** 부상으로 인해 회복하는 동안 평소 업무를 수행하지 못해 임금을 잃은 경우 지급됩니다.
- **영구 장애 보상금:** 완전히 회복되지 않은 경우 지급됩니다.
- **추가 실직 수당(부상 날짜가 2004년 이후인 경우):** 완전히 회복되지 않아 고용주의 직장으로 복귀하지 못하는 경우 재교육 또는 기술 향상에 필요한 비용을 지원하는 바우처입니다.
- **사망 보상금:** 업무상 부상이나 질병으로 사망한 경우 배우자, 자녀 또는 기타 부양 가족에게 지급되는 보험금입니다.

업무상 부상을 당한 경우 어떻게 해야 하나요?

고용주에게 부상을 보고하기

고용주에게 부상을 보고하세요. 부상이나 질병이 점진적으로 발생한 경우(예: 건염이나 청력 손실) 업무로 인해 발생했다고 생각하거나 알게 된 즉시 보고하세요.



사진 출처: Robert Gumpert
업무 관련 부상 및 질병의 영향을 최소화합니다



산재 보상 혜택에 대한 분쟁 해결을 지원합니다



청구 관리를 모니터링합니다

필요한 경우 응급 치료를 받습니다

응급 상황인 경우 즉시 응급실로 가세요. 고용주가 치료를 받을 수 있는 곳을 알려줄 수 있습니다. 부상이나 질병이 업무와 관련이 있음을 치료하는 의료진에게 알려주세요.

보험금 청구 양식을 작성하여 고용주에게 제출하세요

고용주는 귀하의 부상 또는 질병에 대해 알게 된 후 영업일 기준 1일 이내에 청구 양식(DWC 1)을 제공하거나 우편으로 보내야 합니다. 산재 보험 보상을 요청하는 데 사용하세요.

좋은 의료 서비스 받기

회복에 도움이 되는 좋은 의료 서비스를 받으세요. 특정 유형의 부상이나 질병을 잘 아는 의사의 치료를 받아야 합니다. 의사에게 자신의 증상과 그 원인이라고 생각되는 직장에서의 사건에 대해 이야기하세요. 또한 자신의 직업과 업무 환경에 대해서도 설명하세요.



1-800-736-7401로 전화하거나
웹사이트(www.dwc.ca.gov)를 방문하여
가까운 A/S 센터를 찾아보세요.

부상 때문에 해고될까 봐 걱정됩니다. 고용주가 날 해고할 수 있나요?

직장에서 부상을 당했다는 이유로 고용주가 귀하를 처벌하거나 해고하는 것은 불법이며, 부상이 업무로 인해 발생했다고 판단되는 경우 산재 보상을 청구했다는 것을 이유로 해고하는 것도 불법입니다.

일자리가 위협받는다고 생각되면 도움을 줄 수 있는 사람을 찾아보세요. 회원님의 권리를 보호하기 위한 조치를 취할 수 있는 기한이 있다는 점에 유의하세요.

캘리포니아주 산업재해보상부서(DWC)은 부상당한 근로자를 위한 보상금 지급을 감독하고 부상당한 근로자와 고용주 간의 보상금 관련 분쟁을 해결하는 데 도움을 주는 주 정부 기관입니다.

DWC 정보 및 지원(I&A) 담당자는 산재 보상 시스템 탐색에 도움을 줄 수 있으며, 보상금 청구 양식이나 기타 보상금 수령에 필요한 양식을 제공할 수 있습니다.

무료 간행물인 "부상 근로자를 위한 가이드북"(A Guidebook for Injured Workers)은 www.dwc.ca.gov에서 다운로드할 수 있습니다.

이 글에 포함된 정보는 일반적인 성격의 정보이며 법률 자문을 대신할 수 없습니다. 법률의 변경이나 구체적인 사건의 사실관계에 따라 여기에 제시된 것과 다른 법적 해석이 나올 수 있습니다.



1515 Clay Street, 17th Floor
Oakland, CA 94612

DWC의 사명: 업무 관련 부상 및 질병의 영향을 최소화합니다. 산재 보상 혜택에 대한 분쟁 해결을 지원합니다. 청구 관리를 모니터링합니다.

귀하와 가까운 곳의 정보 & 지원 부서를 찾고 싶으시다면 1-800-736-7401에 전화하시거나 웹사이트 www.dwc.ca.gov에 접속하세요.

Mga Sagot Sa Iyong Mga Tanong Tungkol sa Impormasyon sa Kompensasyon ng Manggagawa

Ano ang kompensasyon ng mga manggagawa?

Kung masaktan ka sa trabaho, ang iyong tagapag-employo ay inaatasan ng batas na magbayad para sa mga benepisyo sa kompensasyon ng mga manggagawa. Maaari kang masaktan sa pamamagitan ng:

Isang pangyayari sa trabaho. Mga halimbawa: nasaktan ang iyong likod dahil sa pagkahulog, pagkasunog dahil sa isang kemikal na tumalsik sa iyong balat, masaktan dahil sa isang aksidenteng nauugnay sa sasakyan habang naghahatid.

—o—

Paulit-ulit na pagkakalantad sa trabaho. Mga halimbawa: masaktan ang iyong pulsohan mula sa paulit-ulit na paggawa ng parehong galaw, pagkawala ng iyong pandinig dahil sa patuloy na malakas na ingay.

Ano ang mga benepisyo?

- **Pangangalagang medikal:** Babayaran ng iyong tagapag-employo, para matulungan kang gumaling mula sa isang natamong sugat/pinsala o sakit na dulot ng trabaho.
- **Mga benepisyo sa pansamantalang kapansanan:** Mga pagbabayad kung nawalan ka ng sahod dahil pinipigilan ka ng iyong natamong sugat/pinsala na gawin ang iyong kinagawian trabaho habang nagpapagaling.
- **Mga benepisyo sa permanenteng kapansanan:** Mga pagbabayad kung hindi ka ganap na gumaling.
- **Mga karagdagang benepisyo sa paglilipat ng trabaho** (kung ang petsa ng iyong natamong sugat/pinsala ay sa 2004 o mas bago): Mga voucher na makakatulong sa pagbabayad para sa muling pagsasanay o pagpapahusay ng kasanayan kung hindi ka ganap na gumaling at hindi bumalik sa trabaho para sa iyong tagapag-employo.
- **Mga benepisyo sa pagkamatay:** Mga pagbabayad sa iyong asawa, mga anak o iba pang mga umaasa kung namatay ka dahil sa natamong sugat/pinsala o sakit sa trabaho.

Ano ang dapat kong gawin kung nasugatan o nagkaroon ako ng pinsala sa trabaho?

Iulat ang natamong sugat/pinsala sa iyong tagapag-employo

Sabihin kaagad sa iyong superbisor. Kung unti-unting nagkaroon ka ng sugat/pinsala o sakit (tulad ng tendinitis o pagkawala ng pandinig), iulat ito sa sandaling malaman mo o naniniwala kang sanhi ito ng iyong trabaho.



Mga larawan ni Robert Gumpoert

Pagbabawas sa epekto ng mga sugat/pinsala at sakit na nauugnay sa trabaho



Pagtulong sa paglutas ng mga pagtatalo o hindi pagkakaunawaan sa mga benepisyo sa kompensasyon ng mga manggagawa



Pagsubaybay sa pangangasiwa ng mga paghahabol

Kumuha ng agarang paggamot kung kinakailangan

Kung isa itong biglaang pangangailangan sa pagpapagamot, pumunta kaagad sa isang emergency room. Maaaring sabihin sa iyo ng iyong tagapag-empleyo kung saan pupunta para sa paggamot. Sabihin sa tagapagbigay ng pangangalagang pangkalusugan na gumagamot sa iyo na ang iyong sugat/pinsala o sakit ay nauugnay sa trabaho.

Punan ang isang pormularyo ng paghahabol at ibigay ito sa iyong tagapag-empleyo

Dapat bigyan o ipadala sa iyo ng iyong tagapag-empleyo ang isang pormularyo ng paghahabol (DWC 1) sa loob ng isang araw na may trabaho pagkatapos malaman ang tungkol sa iyong natmong sugat/pinsala o sakit. Gamitin ito para humiling ng mga benepisyo sa kompensasyon ng mga manggagawa.

Kumuha ng mahusay na pangangalagang medikal

Kumuha ng mahusay na pangangalagang medikal para matulungan kang gumaling. Dapat kang gamutin ng isang doktor na nauunawaan ang iyong partikular na uri ng sugat/pinsala o sakit. Sabihin sa doktor ang tungkol sa iyong mga sintomas at ang mga pangyayari sa trabaho na pinaniniwalaan mong naging sanhi ng mga ito. Ilarawan din ang iyong trabaho at ang iyong kapaligiran sa trabaho.



Tumawag sa 1-800-736-7401 o pumunta sa website na www.dwc.ca.gov para mahanap ang opisina ng I & A na malapit sa iyo.

Natatakot ako na baka matanggal ako sa trabaho dahil sa aking sugat/pinsala. Maaari ba akong tanggalin ng aking tagapag-empleyo?

Labag sa batas para sa iyong tagapag-empleyo na parusahan o tanggalin ka sa trabaho dahil sa pagkakaroon ng sugat/pinsala sa trabaho, o sa paghahain ng paghahabol para sa kompensasyon ng mga manggagawa kapag naniniwala kang ang natamong sugat/pinsala ay dahil sa iyong trabaho.

Kung sa tingin mo ay nanganganib ang iyong trabaho, humanap ng taong makakatulong. Tandaan na may mga hangganang panahon para sa pagkilos upang protektahan ang iyong mga karapatan.

Ang Dibisyon para sa Kompensasyon ng mga Manggagawa (Division of Workers' Compensation, DWC) ng California ay ang ahensya ng estado na nangangasiwa sa paghahatid ng mga benepisyo para sa mga manggagawang nagtamo ng sugat/pinsala at tumutulong sa paglutas ng mga pagtatalo o hindi pagkakaunawaan sa mga benepisyo sa pagitan ng mga manggagawang nagtamo ng sugat/pinsala at mga tagapag-empleyo.

Matutulungan ka ng mga opisyal ng Impormasyon at Tulong (Information and Assistance, I & A) ng DWC na mag-navigate sa sistema ng kompensasyon ng mga manggagawa, at maaaring magbigay ng mga pormularyong paghahabol o iba pang pormularyo na kailangan mo para makatanggap ng mga benepisyo.

Maaaring i-download ang LIBRENG publikasyon na, "A Guidebook for Injured Workers (Isang Giyang aklat para sa mga Manggagawang Nagtamo ng Sugat/Pinsala)," mula sa www.dwc.ca.gov

Ang impormasyong nakapaloob dito ay pangkalahatan at hindi inilaan bilang kapalit ng ligal na payo. Ang mga pagbabago sa batas o ang mga partikular na katotohanan ng iyong kaso ay maaaring magresulta sa mga ligal na interpretasyon na iba sa mga ipinakita dito.

DIR State of California
EST. 1927 Department of
Industrial Relations
1515 Clay Street, 17th Floor
Oakland, CA 94612

Ang misyon ng DWC: Pagbabawas sa epekto ng mga sugat/pinsala at sakit na nauugnay sa trabaho. Pagtulong sa paglutas ng mga pagtatalo o hindi pagkakaunawaan sa mga benepisyo sa kompensasyon ng mga manggagawa. Pagsubaybay sa pangangasiwa ng mga paghahabol.

Tumawag sa 1-800-736-7401 o pumunta sa website na www.dwc.ca.gov para mahanap ang Yunit para sa Impormasyon at Tulong (Information & Assistance Unit) na malapit sa iyo.

Tờ Thông Tin Trả Lời Các Câu Hỏi Về Bồi Thường Lao Động

Bồi thường lao động là gì?

Nếu quý vị bị thương khi làm việc, luật pháp yêu cầu chủ lao động phải chi trả cho các quyền lợi bồi thường lao động. Quý vị có thể bị thương do:

Một sự việc xảy ra tại nơi làm việc. Ví dụ: đau lưng do bị ngã, bị bỏng do hóa chất bắn lên da, bị thương trong tai nạn xe hơi khi đang giao hàng.

—hoặc—

Tiếp xúc nhiều lần tại nơi làm việc. Ví dụ: đau cổ tay do thực hiện cùng một động tác lặp đi lặp lại, mất thính lực do tiếng ồn lớn liên tục.

Có những phúc lợi gì?

- **Chăm sóc y tế:** Được chủ lao động chi trả để giúp quý vị phục hồi sau thương tích hoặc bệnh tật do công việc gây ra.
- **Trợ cấp khuyết tật tạm thời:** Thanh toán nếu quý vị mất tiền lương do thương tích khiến quý vị không thể thực hiện công việc thường ngày trong thời gian hồi phục.
- **Trợ cấp khuyết tật vĩnh viễn:** Thanh toán nếu quý vị không hồi phục được hoàn toàn.
- **Trợ cấp thay đổi công việc bổ sung** (nếu ngày bị thương của quý vị là trong năm 2004 hoặc sau đó): Phiếu hỗ trợ chi phí đào tạo lại hoặc nâng cao kỹ năng nếu quý vị không hồi phục hoàn toàn và không trở lại làm việc cho chủ lao động.
- **Trợ cấp tử vong:** Thanh toán cho vợ/chồng, con cái hoặc người phụ thuộc khác nếu quý vị qua đời do thương tích hoặc bệnh tật lao động.

Tôi nên làm gì nếu bị thương tích do lao động?

Báo cáo thương tích cho chủ lao động của quý vị

Thông báo ngay cho người giám sát của quý vị. Nếu thương tích hoặc bệnh tật phát triển từ từ (như viêm gân hoặc mất thính lực), hãy báo cáo ngay khi quý vị biết hoặc cho rằng nguyên nhân là do công việc của mình.



Giảm thiểu ảnh hưởng của thương tích và bệnh tật liên quan đến công việc



Hỗ trợ giải quyết tranh chấp về quyền lợi bồi thường lao động



Giám sát quản lý các yêu cầu bồi thường

Nhận điều trị khẩn cấp nếu cần

Nếu đây là trường hợp cấp cứu y tế, hãy đến phòng cấp cứu ngay lập tức. Chủ lao động có thể hướng dẫn quý vị đến nơi điều trị. Thông báo cho nhà cung cấp dịch vụ chăm sóc sức khỏe điều trị cho quý vị biết rằng thương tích hoặc bệnh tật có liên quan đến công việc.

Điền vào mẫu đơn yêu cầu bồi thường và đưa cho chủ lao động của quý vị

Chủ lao động phải cung cấp hoặc gửi cho quý vị mẫu đơn yêu cầu bồi thường (DWC 1) trong vòng một ngày làm việc sau khi biết về thương tích hoặc bệnh tật của quý vị. Sử dụng mẫu đơn để yêu cầu quyền lợi bồi thường tai nạn lao động.

Nhận dịch vụ chăm sóc y tế tốt

Nhận dịch vụ chăm sóc y tế tốt để giúp quý vị hồi phục. Quý vị cần được bác sĩ hiểu rõ loại thương tích hoặc bệnh tật cụ thể điều trị. Trao đổi với bác sĩ về các triệu chứng và những sự việc xảy ra tại nơi làm việc mà quý vị cho rằng là nguyên nhân gây ra các triệu chứng đó. Ngoài ra, hãy mô tả công việc và môi trường làm việc của quý vị.



Vui lòng gọi 1-800-736-7401 hoặc truy cập trang web www.dwc.ca.gov để tìm văn phòng Ban Thông Tin & Trợ Giúp (Information & Assistance, I & A) gần quý vị.

Tôi lo sợ bị sa thải vì thương tích của mình. Liệu chủ lao động có thể sa thải tôi không?

Chủ lao động không được phép phạt hay sa thải quý vị do bị thương trong quá trình làm việc hoặc nộp đơn yêu cầu bồi thường lao động khi quý vị cho rằng thương tích là do công việc gây ra.

Nếu quý vị cảm thấy công việc của mình đang bị đe dọa, hãy tìm người có thể giúp đỡ. Xin lưu ý rằng có thời hạn để thực hiện các biện pháp bảo vệ quyền của quý vị.

Ban Bồi Thường Lao Động California (Division of Workers' Compensation, DWC) là cơ quan nhà nước giám sát việc cung cấp quyền lợi cho người lao động bị thương tích và hỗ trợ giải quyết tranh chấp về quyền lợi giữa người lao động bị thương tích và chủ lao động.

Các cán bộ Ban Thông Tin và Hỗ Trợ (Information and Assistance, I & A) của DWC có thể hỗ trợ quý vị tìm hiểu hệ thống bồi thường tai nạn lao động và có thể cung cấp mẫu đơn yêu cầu bồi thường hoặc các mẫu khác cần thiết để nhận được quyền lợi.

Quý vị có thể tải xuống ấn phẩm MIỄN PHÍ, “Cẩm Nang Hướng Dẫn dành cho Người Lao Động Bị Thương Tích” từ www.dwc.ca.gov

Thông tin trong tờ thông tin này mang tính chất chung và không nhằm mục đích làm tài liệu thay thế cho tư vấn pháp lý. Những thay đổi trong luật pháp hoặc các sự việc cụ thể trong trường hợp của quý vị có thể dẫn đến các cách diễn giải pháp lý khác với nội dung được trình bày ở đây.

DIR State of California
Department of
Industrial Relations
EST. 1927
1515 Clay Street, 17th Floor
Oakland, CA 94612

Sứ mệnh của DWC: Giảm thiểu ảnh hưởng của thương tích và bệnh tật liên quan đến công việc. Hỗ trợ giải quyết tranh chấp về quyền lợi bồi thường lao động. Giám sát quản lý các yêu cầu bồi thường.

Vui lòng gọi 1-800-736-7401 hoặc truy cập trang web www.dwc.ca.gov để tìm Ban Thông Tin & Hỗ Trợ gần quý vị.

Amtrust North America requires reporting of any and all workers compensation injuries

CALIFORNIA REPORTING

Section 6409(a) of the California Labor Code requires a physician who treats an injured employee to file a Doctors First Report of Injury (DFR) with the claims administrator (Amtrust North America) for every work illness or injury; there is no 'first aid' exception to this rule. Amtrust North America must receive and forward all DFR's to the Department of Industrial Relations.

Section 5401(a) of the California Labor Code requires an employer to report an injury which results in lost time beyond the employee's work shift at the time of injury, or which results in medical treatment beyond first aid.

- An Employer may handle the costs relating to a First Aid Claim, as defined below, but must notify the claims administrator of their intent.

CAL/OSHA CLAIMS RECORDABLE REPORTING RULES

Part 1904.7(a) of the Federal Regulations (Standards 29 CFR) requires that you must consider an injury or illness that is reported to you to meet the general recording criteria, and therefore to be recordable, if it results in any of the following: death; days away from work; restricted work or transfer to another job; medical treatment beyond first aid; or loss of consciousness.

UNIT STAT REPORTING

Pursuant to Labor Code 5401(a) and for Unit Stat Reporting purposes, only those claims defined as Indemnity or Medical are to be reported

Indemnity: Death, Permanent Total, Major Perm Disability, Minor Perm Disability, Temporary Total, "S" Claim

Medical Treatment means the management and care of a patient to combat a disease or a disorder. OSHA does not consider the following as medical treatment:

- Visits to a physician or other licensed health care professional solely for observation or counseling
- The conduct of diagnostic procedures, such as x-rays and blood test, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils)

First Aid treatment defined:

- Using a non-prescription medication at non-prescription strength (for medications available in both prescription and non-prescription form, a recommendation by a physician or other licensed health care professional to use a non-prescription at prescription strength is considered medical treatment for record keeping purposes)
- Administering tetanus immunizations (other immunizations, such as Hepatitis B vaccine, are considered medical treatment)
- Using wound coverings such as bandaged, Band-Aids, gauze pads, etc., or using butterfly bandages or Steri-Strips (other wound closing devices such as sutures, staples, etc are considered medical treatment)
- Using hot or cold therapy
- Using an non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc (devices with rigid stays or other systems designed to immobilize parts of the body are considered medical treatment for record keeping purposes)
- Using temporary immobilization devices while transporting an accident victim (e.g., splints, slings, neck collars, backboards, etc)
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Using eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means
- Using finger guards
- Using massages (physical therapy or chiropractic treatment are considered medical treatment for record keeping purposes)
- Drinking fluids for relief of heat stress

State of California EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS		Please complete in triplicate (type if possible) Mail two copies to:		OSHA CASE NO.	
					FATALITY ☐
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.			
EMPLOYER	1. FIRM NAME			1a. Policy Number	
	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	
	4. NATURE OF BUSINESS; e.g.. Painting contractor, wholesale grocer, sawmill, hotel, etc.			5. State unemployment insurance acct.no	
INJURY OR ILLNESS	6. TYPE OF EMPLOYER: Private State County City School District ☐ Other Gov't, Specify: _____			INDUSTRY	
	7. DATE OF INJURY / ONSET OF ILLNESS (mm/dd/yy)			8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM	
	9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM			10. IF EMPLOYEE DIED, DATE OF DEATH (mm/dd/yy)	
	11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY? Yes No			12. DATE LAST WORKED (mm/dd/yy)	
EMPLOYEE	13. DATE RETURNED TO WORK (mm/dd/yy)			14. IF STILL OFF WORK, CHECK THIS BOX:	
	15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? Yes No			16. SALARY BEING CONTINUED? Yes No	
	17. DATE OF EMPLOYER'S KNOWLEDGE /NOTICE OF INJURY/ILLNESS (mm/dd/yy)			18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM FORM (mm/dd/yy)	
	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			AGE	
EMPLOYEE	20. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)			20a. COUNTY	
	21. ON EMPLOYER'S PREMISES? Yes No			DAILY HOURS	
	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g.. Shipping department, machine shop.			23. Other Workers injured or ill in this event? Yes No	
	24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Acetylene, welding torch, farm tractor, scaffold			DAYS PER WEEK	
EMPLOYEE	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g.. Welding seams of metal forms, loading boxes onto truck.			WEEKLY HOURS	
	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			WEEKLY WAGE	
				COUNTY	
				NATURE OF INJURY	
EMPLOYEE				PART OF BODY	
				Yes 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	
				EVENT	
EMPLOYEE				SECONDARY SOURCE	
	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)				
	37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours			37a. EMPLOYMENT STATUS regular, full-time part-time temporary seasonal	
	38. GROSS WAGES/SALARY \$ _____ per _____			39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)? Yes No	
37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED			EXTENT OF INJURY		
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) & Notice of Potential Eligibility *Formulario de Reclamo de Compensación de Trabajadores (DWC 1) y Notificación de Posible Elegibilidad*

If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Use the attached form to file a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If you file a claim, the claims administrator, who is responsible for handling your claim, must notify you within 14 days whether your claim is accepted or whether additional investigation is needed.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Do this right away to avoid problems with your claim. In some cases, benefits will not start until you inform your employer about your injury by filing a claim form. Describe your injury completely. Include every part of your body affected by the injury. If you mail the form to your employer, use first-class or certified mail. If you buy a return receipt, you will be able to prove that the claim form was mailed and when it was delivered. Within one working day after you file the claim form, your employer must complete the "Employer" section, give you a dated copy, keep one copy, and send one to the claims administrator.

Medical Care: Your claims administrator will pay for all reasonable and necessary medical care for your work injury or illness. Medical benefits are subject to approval and may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, medicines, equipment and travel costs. Your claims administrator will pay the costs of approved medical services directly so you should never see a bill. There are limits on chiropractic, physical therapy, and other occupational therapy visits.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness.

- If you previously designated your personal physician or a medical group, you may see your personal physician or the medical group after you are injured.
- If your employer is using a medical provider network (MPN) or Health Care Organization (HCO), in most cases, you will be treated in the MPN or HCO unless you predesignated your personal physician or a medical group. An MPN is a group of health care providers who provide treatment to workers injured on the job. You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
- If your employer is not using an MPN or HCO, in most cases, the claims administrator can choose the doctor who first treats you unless you predesignated your personal physician or a medical group.
- If your employer has not put up a poster describing your rights to workers' compensation, you may be able to be treated by your personal physician right after you are injured.

Within one working day after you file a claim form, your employer or the claims administrator must authorize up to \$10,000 in treatment for your injury, consistent with the applicable treating guidelines until the claim is accepted or rejected. If the employer or claims administrator does not authorize treatment right away, talk to your supervisor, someone else in management, or the claims administrator. Ask for treatment to be authorized right now, while waiting for a decision on your claim. If the employer or claims administrator will not authorize treatment, use your own health insurance to get medical care. Your health insurer will seek reimbursement from the claims administrator. If you do not have health insurance, there are doctors, clinics or hospitals that will treat you without immediate payment. They will seek reimbursement from the claims administrator.

Switching to a Different Doctor as Your PTP:

- If you are being treated in a Medical Provider Network (MPN), you may switch to other doctors within the MPN after the first visit.
- If you are being treated in a Health Care Organization (HCO), you may switch at least one time to another doctor within the HCO. You may switch to a doctor outside the HCO 90 or 180 days after your injury is reported to your employer (depending on whether you are covered by employer-provided health insurance).
- If you are not being treated in an MPN or HCO and did not predesignate, you may switch to a new doctor one time during the first 30 days after your injury is reported to your employer. Contact the claims administrator to switch doctors. After 30 days, you may switch to a doctor of your choice if

Si Ud. se lesiona o se enferma, ya sea físicamente o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación de trabajadores. Utilice el formulario adjunto para presentar un reclamo de compensación de trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran dependiendo de la índole de su reclamo. Si usted presenta un reclamo, el administrador de reclamos, quien es responsable por el manejo de su reclamo, debe notificarle dentro de 14 días si se acepta su reclamo o si se necesita investigación adicional.

Para presentar un reclamo, llene la sección del formulario designada para el "Empleado," guarde una copia, y déle el resto a su empleador. Haga esto de inmediato para evitar problemas con su reclamo. En algunos casos, los beneficios no se iniciarán hasta que usted le informe a su empleador acerca de su lesión mediante la presentación de un formulario de reclamo. Describa su lesión por completo. Incluya cada parte de su cuerpo afectada por la lesión. Si usted le envía por correo el formulario a su empleador, utilice primera clase o correo certificado. Si usted compra un acuse de recibo, usted podrá demostrar que el formulario de reclamo fue enviado por correo y cuando fue entregado. Dentro de un día laboral después de presentar el formulario de reclamo, su empleador debe completar la sección designada para el "Empleador," le dará a Ud. una copia fechada, guardará una copia, y enviará una al administrador de reclamos.

Atención Médica: Su administrador de reclamos pagará por toda la atención médica razonable y necesaria para su lesión o enfermedad relacionada con el trabajo. Los beneficios médicos están sujetos a la aprobación y pueden incluir tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio, las medicinas, equipos y gastos de viaje. Su administrador de reclamos pagará directamente los costos de los servicios médicos aprobados de manera que usted nunca verá una factura. Hay límites en terapia quiropráctica, física y otras visitas de terapia ocupacional.

El Médico Primario que le Atiende (Primary Treating Physician- PTP) es el médico con la responsabilidad total para tratar su lesión o enfermedad.

- Si usted designó previamente a su médico personal o a un grupo médico, usted podrá ver a su médico personal o grupo médico después de lesionarse.
- Si su empleador está utilizando una red de proveedores médicos (*Medical Provider Network- MPN*) o una Organización de Cuidado Médico (*Health Care Organization- HCO*), en la mayoría de los casos, usted será tratado en la *MPN* o *HCO* a menos que usted hizo una designación previa de su médico personal o grupo médico. Una *MPN* es un grupo de proveedores de asistencia médica quien da tratamiento a los trabajadores lesionados en el trabajo. Usted debe recibir información de su empleador si su tratamiento es cubierto por una *HCO* o una *MPN*. Hable con su empleador para más información.
- Si su empleador no está utilizando una *MPN* o *HCO*, en la mayoría de los casos, el administrador de reclamos puede elegir el médico que lo atiende primero a menos de que usted hizo una designación previa de su médico personal o grupo médico.
- Si su empleador no ha colocado un cartel describiendo sus derechos para la compensación de trabajadores, Ud. puede ser tratado por su médico personal inmediatamente después de lesionarse.

Dentro de un día laboral después de que Ud. Presente un formulario de reclamo, su empleador o el administrador de reclamos debe autorizar hasta \$10000 en tratamiento para su lesión, de acuerdo con las pautas de tratamiento aplicables, hasta que el reclamo sea aceptado o rechazado. Si el empleador o administrador de reclamos no autoriza el tratamiento de inmediato, hable con su supervisor, alguien más en la gerencia, o con el administrador de reclamos. Pida que el tratamiento sea autorizado ya mismo, mientras espera una decisión sobre su reclamo. Si el empleador o administrador de reclamos no autoriza el tratamiento, utilice su propio seguro médico para recibir atención médica. Su compañía de seguro médico buscará reembolso del administrador de reclamos. Si usted no tiene seguro médico, hay médicos, clínicas u hospitales que lo tratarán sin pago inmediato. Ellos buscarán reembolso del administrador de reclamos.

Cambiando a otro Médico Primario o PTP:

- Si usted está recibiendo tratamiento en una Red de Proveedores Médicos

your employer or the claims administrator has not created or selected an MPN.

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same level of privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Problems with Medical Care and Medical Reports: At some point during your claim, you might disagree with your PTP about what treatment is necessary. If this happens, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, the steps to take depend on whether you are receiving care in an MPN, HCO, or neither. For more information, see "Learn More About Workers' Compensation," below.

If the claims administrator denies treatment recommended by your PTP, you may request independent medical review (IMR) using the request form included with the claims administrator's written decision to deny treatment. The IMR process is similar to the group health IMR process, and takes approximately 40 (or fewer) days to arrive at a determination so that appropriate treatment can be given. Your attorney or your physician may assist you in the IMR process. IMR is not available to resolve disputes over matters other than the medical necessity of a particular treatment requested by your physician.

If you disagree with your PTP on matters other than treatment, such as the cause of your injury or how severe the injury is, you can switch to other doctors as described above. If you cannot reach agreement with another doctor, notify the claims administrator in writing as soon as possible. In some cases, you risk losing the right to challenge your PTP's opinion unless you do this promptly. If you do not have an attorney, the claims administrator must send you instructions on how to be seen by a doctor called a qualified medical evaluator (QME) to help resolve the dispute. If you have an attorney, the claims administrator may try to reach agreement with your attorney on a doctor called an agreed medical evaluator (AME). If the claims administrator disagrees with your PTP on matters other than treatment, the claims administrator can require you to be seen by a QME or AME.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you may receive temporary disability payments for a limited period. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Stay at Work or Return to Work: Being injured does not mean you must stop working. If you can continue working, you should. If not, it is important to go back to work with your current employer as soon as you are medically able. Studies show that the longer you are off work, the harder it is to get back to your original job and wages. While you are recovering, your PTP, your employer (supervisors or others in management), the claims administrator, and your attorney (if you have one) will work with you to decide how you will stay at work or return to work and what work you will do. Actively communicate with your PTP, your employer, and the claims administrator about the work you did before you were injured, your medical condition and the kinds of work you can do now, and the kinds of work that your employer could make available to you.

Payment for Permanent Disability: If a doctor says you have not recovered completely from your injury and you will always be limited in the work you can do, you may receive additional payments. The amount will depend on the type of injury, extent of impairment, your age, occupation, date of injury, and your wages before you were injured.

Supplemental Job Displacement Benefit (SJDB): If you were injured on or after 1/1/04, and your injury results in a permanent disability and your employer does not offer regular, modified, or alternative work, you may qualify for a nontransferable voucher payable for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law.

Death Benefits: If the injury or illness causes death, payments may be made to a

(Medical Provider Network- MPN), usted puede cambiar a otros médicos dentro de la MPN después de la primera visita.

- Si usted está recibiendo tratamiento en un Organización de Cuidado Médico (Healthcare Organization- HCO), es posible cambiar al menos una vez a otro médico dentro de la HCO. Usted puede cambiar a un médico fuera de la HCO 90 o 180 días después de que su lesión es reportada a su empleador (dependiendo de si usted está cubierto por un seguro médico proporcionado por su empleador).
- Si usted no está recibiendo tratamiento en una MPN o HCO y no hizo una designación previa, usted puede cambiar a un nuevo médico una vez durante los primeros 30 días después de que su lesión es reportada a su empleador. Póngase en contacto con el administrador de reclamos para cambiar de médico. Después de 30 días, puede cambiar a un médico de su elección si su empleador o el administrador de reclamos no ha creado o seleccionado una MPN.

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación de trabajadores, sus expedientes médicos no tendrán el mismo nivel de privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un juez de compensación de trabajadores posiblemente decida qué expedientes serán revelados. Si usted solicita privacidad, es posible que el juez "selle" (mantenga privados) ciertos expedientes médicos.

Problemas con la Atención Médica y los Informes Médicos: En algún momento durante su reclamo, podría estar en desacuerdo con su PTP sobre qué tratamiento es necesario. Si esto sucede, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, los pasos a seguir dependen de si usted está recibiendo atención en una MPN, HCO o ninguna de las dos. Para más información, consulte la sección "Aprenda Más Sobre la Compensación de Trabajadores," a continuación.

Si el administrador de reclamos niega el tratamiento recomendado por su PTP, puede solicitar una revisión médica independiente (*Independent Medical Review-IMR*), utilizando el formulario de solicitud que se incluye con la decisión por escrito del administrador de reclamos negando el tratamiento. El proceso de la IMR es parecido al proceso de la IMR de un seguro médico colectivo, y tarda aproximadamente 40 (o menos) días para llegar a una determinación de manera que se pueda dar un tratamiento apropiado. Su abogado o su médico le pueden ayudar en el proceso de la IMR. La IMR no está disponible para resolver disputas sobre cuestiones aparte de la necesidad médica de un tratamiento particular solicitado por su médico.

Si no está de acuerdo con su PTP en cuestiones aparte del tratamiento, como la causa de su lesión o la gravedad de la lesión, usted puede cambiar a otros médicos como se describe anteriormente. Si no puede llegar a un acuerdo con otro médico, notifique al administrador de reclamos por escrito tan pronto como sea posible. En algunos casos, usted arriesga perder el derecho a objetar a la opinión de su PTP a menos que hace esto de inmediato. Si usted no tiene un abogado, el administrador de reclamos debe enviarle instrucciones para ser evaluado por un médico llamado un evaluador médico calificado (*Qualified Medical Evaluator-QME*) para ayudar a resolver la disputa. Si usted tiene un abogado, el administrador de reclamos puede tratar de llegar a un acuerdo con su abogado sobre un médico llamado un evaluador médico acordado (*Agreed Medical Evaluator- AME*). Si el administrador de reclamos no está de acuerdo con su PTP sobre asuntos aparte del tratamiento, el administrador de reclamos puede exigirle que sea atendido por un QME o AME.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. puede recibir pagos por incapacidad temporal por un periodo limitado. Estos pagos pueden cambiar o parar cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado una noche o no puede trabajar durante más de 14 días.

Permanezca en el Trabajo o Regreso al Trabajo: Estar lesionado no significa que usted debe dejar de trabajar. Si usted puede seguir trabajando, usted debe hacerlo. Si no es así, es importante regresar a trabajar con su empleador actual tan

spouse and other relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Resolving Problems or Disputes: You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your employer or claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) or unemployment insurance (UI) benefits. Call the state Employment Development Department at (800) 480-3287 or (866) 333-4606, or go to their website at www.edd.ca.gov.

You Can Contact an Information & Assistance (I&A) Officer: State I&A officers answer questions, help injured workers, provide forms, and help resolve problems. Some I&A officers hold workshops for injured workers. To obtain important information about the workers' compensation claims process and your rights and obligations, go to www.dwc.ca.gov or contact an I&A officer of the state Division of Workers' Compensation. You can also hear recorded information and a list of local I&A offices by calling (800) 736-7401.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will 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.

Learn More About Workers' Compensation: For more information about the workers' compensation claims process, go to www.dwc.ca.gov. At the website, you can access a useful booklet, "Workers' Compensation in California: A Guidebook for Injured Workers." You can also contact an Information & Assistance Officer (above), or hear recorded information by calling 1-800-736-7401.

pronto como usted pueda medicamente hacerlo. Los estudios demuestran que entre más tiempo esté fuera del trabajo, más difícil es regresar a su trabajo original y a sus salarios. Mientras se está recuperando, su *PTP*, su empleador (supervisores u otras personas en la gerencia), el administrador de reclamos, y su abogado (si tiene uno) trabajarán con usted para decidir cómo va a permanecer en el trabajo o regresar al trabajo y qué trabajo hará. Comuníquese de manera activa con su *PTP*, su empleador y el administrador de reclamos sobre el trabajo que hizo antes de lesionarse, su condición médica y los tipos de trabajo que usted puede hacer ahora y los tipos de trabajo que su empleador podría poner a su disposición.

Pago por Incapacidad Permanente: Si un médico dice que no se ha recuperado completamente de su lesión y siempre será limitado en el trabajo que puede hacer, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, grado de deterioro, su edad, ocupación, fecha de la lesión y sus salarios antes de lesionarse.

Beneficio Suplementario por Desplazamiento de Trabajo (Supplemental Job Displacement Benefit- SJDB): Si Ud. se lesionó en o después del 1/1/04, y su lesión resulta en una incapacidad permanente y su empleador no ofrece un trabajo regular, modificado, o alternativo, usted podría cumplir los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo un curso de reentrenamiento y/o mejorar su habilidad. Si Ud. cumple los requisitos, el administrador de reclamos pagará los gastos hasta un máximo establecido por las leyes estatales.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a un cónyuge y otros parientes o a las personas que viven en el hogar que dependían económicamente del trabajador difunto.

Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad laboral, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. (Código Laboral, sección 132a.) De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

Resolviendo problemas o disputas: Ud. tiene derecho a no estar de acuerdo con las decisiones que afectan su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su empleador o administrador de reclamos para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios del Seguro Estatal de Incapacidad (*State Disability Insurance- SDI*) o beneficios del desempleo (*Unemployment Insurance- UI*). Llame al Departamento del Desarrollo del Empleo estatal al (800) 480-3287 o (866) 333-4606, o visite su página Web en www.edd.ca.gov.

Puede Contactar a un Oficial de Información y Asistencia (Information & Assistance- I&A): Los Oficiales de Información y Asistencia (*I&A*) estatal contestan preguntas, ayudan a los trabajadores lesionados, proporcionan formularios y ayudan a resolver problemas. Algunos oficiales de *I&A* tienen talleres para trabajadores lesionados. Para obtener información importante sobre el proceso de la compensación de trabajadores y sus derechos y obligaciones, vaya a www.dwc.ca.gov o comuníquese con un oficial de información y asistencia de la División Estatal de Compensación de Trabajadores. También puede escuchar información grabada y una lista de las oficinas de *I&A* locales llamando al (800) 736-7401.

Ud. puede consultar con un abogado. La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un abogado, los honorarios serán tomados de algunos de sus beneficios. Para obtener nombres de abogados de compensación de trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, o consulte su página Web en www.californiaspecialist.org.

Aprenda Más Sobre la Compensación de Trabajadores: Para obtener más información sobre el proceso de reclamos del programa de compensación de trabajadores, vaya a www.dwc.ca.gov. En la página Web, podrá acceder a un folleto útil, "Compensación del Trabajador de California: Una Guía para Trabajadores Lesionados." También puede contactar a un oficial de Información y Asistencia (arriba), o escuchar información grabada llamando al 1-800-736-7401.



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.

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.

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 gravada. 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.

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".

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. ☐ Check if you agree to receive notices about your claim by email only. ☐ Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico. Employee's e-mail. _____ Correo electrónico del empleado. _____
You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *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.*
9. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

10. Name of employer. *Nombre del empleador.* _____
11. Address. *Dirección.* _____
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
16. Insurance Policy Number. *El número de la póliza de Seguro.* _____
17. Signature of employer representative. *Firma del representante del empleador.* _____
18. Title. *Título.* _____ 19. Telephone. *Teléfono.* _____

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

Injured worker's name /
Nombre de la persona lesionada

Claim number / Número de reclamo

Medical mileage expense form
Formulario de gastos de viajes para asuntos médicos

If you have to travel to get treatment for your work injury, you are entitled to re-payment of your travel costs. The mileage rate is 67 cents (\$0.67) per mile. Mileage for reasonable travel to the pharmacy, parking, bridge tolls, public transportation and other travel-related costs are also included. Complete this form. Attach receipts. Send the original to the insurance company and keep a copy. **Do not** send the original or a copy to the local Workers' Compensation Appeals Board (WCAB) or the information and assistance officer. If your travel costs are not paid within 60 days, contact the information and assistance officer.

Si tiene que viajar para recibir tratamiento por una lesión en el trabajo, usted tiene derecho a recibir un reembolso de 67 centavos (\$0.67 por milla. Millas por un viaje de distancia razonable a la farmacia, estacionamiento, pago de peajes, transporte público y otros viajes y costos relacionados están también incluidos. Complete este formulario y adjunte los recibos. Envíe la forma original a la compañía de seguros y guarde una copia. **No envíe** el original o la copia a la oficina local de la Junta de Apelaciones de Compensación del Trabajador (WCAB). Si sus gastos de viajes no son pagados dentro de 60 días, llame al representante de información y asistencia.

Date/ Fecha	Traveled from (include address) Viajó desde (incluya dirección)	Traveled to (include name and address of doctor, hospital, therapist, etc.) Viajó a (incluya nombre y dirección del médico, hospital, terapeuta, etc.)	Round trip mileage/ Millas del viaje entero	Parking/ Estacionamiento	Tolls/ Peajes
Sample: 01/01/24	Sample: 1515 Maple, San Francisco	Sample: Dr. Sherman, 190 Oak, San Francisco	Sample: 14 mi	Sample: \$2.50	Sample: \$
California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.		Total miles / Número de millas viajadas en total		x \$0.67 / mile =	\$
				Total parking/Estacion- amiento pagado en total	\$
				Total tolls/Peajes pagados en total	\$
				Total reimbursement requested/ Reembolso solicitado en total	\$
Las Leyes de California establecen que la siguiente declaración aparezca en este formulario: Cualquier persona que a sabiendas presente reclamos falsos o fraudulentos para el pago de una pérdida, es culpable de un delito y podría ser sujeto a multas y encarcelamiento en una prisión estatal.		Signature / Firma			
		Printed name / Imprima su nombre			
		Date / Fecha			

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.

DESIGNACIÓN PREVIA DE MÉDICO PERSONAL

En caso de que usted sufra una lesión o enfermedad relacionada a su empleo, usted puede recibir tratamiento médico por esa lesión o enfermedad de su médico personal (M.D.), médico osteópata (D.O.) o grupo médico si:

- En la fecha de su lesión laboral usted tiene cobertura de atención médica para lesiones o enfermedades no laborales;
- el médico es su médico regular, que será o un médico que ha limitado su práctica médica a medicina general o un internista certificado o elegible para serlo, pediatra, gineco-obstetra, o médico de medicina familiar y que previamente ha estado a cargo de su tratamiento médico y tiene su expediente médico;
- su "médico personal" puede ser un grupo médico si es una corporación o sociedad o asociación compuesta de doctores certificados en medicina u osteopatía, que opera un grupo médico multidisciplinario integrado que predominantemente proporciona amplios servicios médicos para lesiones y enfermedades no laborales;
- antes de la lesión su médico está de acuerdo a proporcionarle tratamiento médico para su lesión o enfermedad de trabajo;
- antes de la lesión usted le proporcionó a su empleador por escrito lo siguiente:
(1) notificación de que quiere que su médico personal lo trate para una lesión o enfermedad laboral y (2) el nombre y dirección comercial de su médico personal.

Puede usar este formulario para notificarle a su empleador si usted desea que su médico personal o médico osteópata lo trate para una lesión o enfermedad de trabajo y que los requisitos mencionados arriba se cumplan.

AVISO DE DESIGNACIÓN PREVIA DE MÉDICOPERSONAL

Empleado: Rellene esta sección.

A: _____ (nombre del empleador) Si sufro una lesión o enfermedad laboral, yo elijo recibir tratamiento médico de:

(nombre del médico)(M.D., D.O., o grupo médico)

(dirección, ciudad, estado, código postal)

(número de teléfono)

Nombre del Empleado (en letras de molde, por favor):

Dirección del Empleado:

Nombre de Compañía de Seguros, Plan o Fondo proporcionando cobertura médica para lesiones o enfermedades no laborales:

Firma del
Empleado

Fecha:

Médico: Estoy de acuerdo con esta Designación Previa:

Firma: _____ Fecha: _____

(Médico o Empleado designado por el Médico o Grupo Médico)

El médico no está obligado a firmar este formulario, sin embargo, si el médico o empleado designado por el médico o grupo médico no firma, será necesario presentar documentación sobre el consentimiento del médico a ser designado previamente de acuerdo al Código de Reglamentos de California, Título 8, sección 9780.1(a) (3).

Título 8, Código de Reglamentos de California, sección 9783.

NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

NOTE: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. 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. 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. This prohibition shall not apply to visits for 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.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

Your Chiropractor or Acupuncturist's Information:

(name of chiropractor or acupuncturist)

(street address, city, state, zip code)

(telephone number)

Employee Name (please print):

Employee's Address:

Employee's Signature _____ Date: _____

Title 8, California Code of Regulations, section 9783.1.
(Optional DWC Form 9783.1 Effective date July 1, 2014)

NOTICIA DE QUIROPRÁCTICO PERSONAL O ACUPUNTOR PERSONAL

Si su empleador o la compañía de seguros de su empleador no tiene una Red de Proveedores Médicos establecida, es posible que pueda cambiar su médico que lo atiende a su quiropráctico o acupuntor personal después de una lesión o enfermedad laboral. Para tener derecho a hacer este cambio, usted debe antes de la lesión o enfermedad darle por escrito a su empleador el nombre y la dirección comercial de un quiropráctico o acupuntor personal. Generalmente, su administrador de reclamos tiene el derecho de elegir al médico que le proporcionará el tratamiento dentro de los primeros 30 días después de que su empleador sabe de su lesión o enfermedad. Después de que su administrador de reclamos haya iniciado su tratamiento con otro médico durante este tiempo, usted puede, bajo petición, transferir su tratamiento a su quiropráctico o acupuntor personal.

AVISO: Si la fecha de su lesión es durante o después del 1 de enero, 2004, un quiropráctico no puede ser su médico que lo atiende después de que haya recibido 24 consultas quiroprácticas a no ser que su empleador ha autorizado consultas adicionales por escrito. El término “consulta quiropráctica” significa cualquier consulta en un consultorio quiropráctica, sin importar si los servicios cumplidos conllevan manipulación quiropráctica o se limitan a evaluación y manejo. Una vez que haya recibido 24 consultas quiroprácticas, si aún necesita tratamiento médico, usted tendrá que escoger un nuevo médico que no sea quiropráctico. Esta prohibición no se aplicará a consultas por medicina física pos-quirúrgica prescrita por el cirujano o médico designado por el cirujano, bajo el componente pos-quirúrgico del Catálogo de Utilización de Tratamientos Médicos o MTUS de la División de Compensación de Trabajadores.

Puede usar este formulario para notificarle a su empleador sobre su quiropráctico o acupuntor personal.

Información sobre su Quiropráctico o Acupuntor:

(Nombre del quiropráctico o acupuntor)

(Dirección, ciudad, estado, código postal)

(Número de teléfono)

| _____
Nombre del Empleado (en letras de molde, por favor):

Dirección del Empleado:

Firma del
Empleado _____

Fecha: _____



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.

Questions? Need Help?



1-866-599-5426



WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

AmTrust
CARRIER/TPA

EMPLOYER

INJURED WORKER NAME

Please provide directly to Pharmacist

SOCIAL SECURITY NUMBER

DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: www.tmesys.com.

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

	NDC		Envoy
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 to as "Optum."

tmesys8

MP14-1913-28_08 2019

HACEMOS MÁS SENCILLO...

EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o su asegurador. Mas adelante incluimos su tarjeta First Fill que le permitira recibir las recetas medicas relacionadas con su lesion en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuacion.

Empleado lesionado:



Si necesita que se le abastezca su receta medica para una lesion o enfermedad relacionada con su trabajo, visite una farmacia que participa en la red de beneficio de farmacia de Optum Tmesys® (PBN) y entregue esta tarjeta temporal al farmaceutico. De conformidad con los estatutos y regulaciones aplicables de California, su aseguradora o administrador externo de compensacion por accidentes laborales y Optum, el socio de farmacia de su programa de compensacion por accidentes laborales, administraran sus beneficios como parte de una PBN. Los medicamentos (y otros servicios) recetados para tratar su lesion laboral solo se pueden obtener de companies o proveedores especificos en su red.



Si se acepta su reclamacion del programa de compensacion por accidentes laborales, recibira una tarjeta permanente por correo. Use esa tarjeta para recetas medicas de lesiones o enfermedades relacionadas con su trabajo.



La mayoría de farmacias y todas las grandes cadenas de farmacias forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite www.tmesys.com.

eTiene alguna pregunta?
^Necesita ayuda?



1-866-599-5426




WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

AmTrust

PORTADORA EMPLEADOR

NOMBRE DEL TRABAJADOR LESIONADO

Please provide directly to Pharmacist

NUMERO DE SEGURO SOCIAL

FECHA DE ALA LESION (AAMMDD)

Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesion relacionada con su trabajo. Para ubicar una farmacia, visite www.tmesys.com.

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

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

NOTA: La tarjeta First Fill es valida unicamente para su lesion o enfermedad actual y aceptada relacionada con su compensacion por accidentes laborales.



Empleador:

Inmediatamente despues de recibir un aviso sobre una lesion, llene la informacion antes indicada y entregue este formulario al empleado.

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](https://www.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](https://www.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
- 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.

Notification de Compensation

de Beneficios de Farmacia de redes

Su empleador y sus trabajadores administrador de reclamaciones de indemnización ha seleccionado Optum como de sus trabajadores de la red de compensación de beneficios de farmacia (PBN), para proporcionar medicamentos para su lesión relacionada con el trabajo a través de la red de farmacias Optum, Tmesys.

Este plan prevé que las drogas (y otros servicios) prescrita para el tratamiento de su lesión en el trabajo solo se puede obtener de las empresas y proveedores de servicios especificados en su plan. Si usted tiene alguna pregunta acerca de cómo obtener los medicamentos recetados, llame al siguiente número sin cargo 1-866-599-5426.

Cómo obtener medicamentos

Por favor, lea atentamente la siguiente información, ya que contiene instrucciones sobre el uso requerido de un plan de participación farmacia de la red/a recibir sus medicamentos.

Limitaciones de CA PBN

- **listed debe esentar su tarjeta de trabajadores de farmacia una indemnización a un plan de participantes /farmacia de la red para recibir los medicamentos.**
- Solo los medicamentos utilizados para tratar su lesión relacionada con el trabajo están cubiertos.
- Algunos medicamentos pueden no estar en la lista autorizada, en cuyo caso la farmacia se.
- Su medicación prescrita puede ser objeto de revisión de la utilización, a petición de su administrador de reclamaciones.

Nueva Lesiones

1. Al recibir aviso de la lesión, su empleador le proporcionará una tarjeta de Primero de relleno a utilizar en un farmacia de la red.
2. Darle la tarjeta a la farmacia con su receta.
3. El farmacéutico se surtir su receta. Mediante el uso de un farmacia de la red, usted no debe recibir una factura por sus medicamentos.
4. Tarjeta permanentes de trabajadores de farmacia será enviado por el correo.
5. Usa la tarjeta permanente cada vez que tenga una receta médica para su lesión relacionada con el trabajo.

Localization de un Plan de Farmacia. Mas de 5,000 hoteles en CA

- Ir a la página web de en tmesys.com
- Elija una opción de búsqueda
- Llame al 1-866.599.5426 para hablar con un especialista en atención al cliente

Esperamos poder servirle. Si usted tiene alguna pregunta acerca de cómo obtener los medicamentos recetados, llame al 1-866.599.5426.

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.

FRAUDE

EL FRAUDE DE COMPENSACIÓN PARA TRABAJADORES ES ILEGAL EN CALIFORNIA. CUALQUIER PERSONA QUE PRESENTE O CONTRIBUYE A LA PRESENTACIÓN DE UN RECLAMO FALSO (LA DECLARACIÓN DE COMPENSACIÓN COMPROMETE UN CRIMEN CASTIGABLE POR UNA FRASE DE PENALIZACIÓN Y / O UNA MULTA POR PENA.

QUE ES FRAUDE DE SEGURO?

En el sentido más amplio, el fraude de seguros puede abarcar cualquier acto fraudulento o ilegal que involucre el negocio del seguro.

De conformidad con el Código de Seguros de California 1871.4 (a) Es ilegal hacer cualquiera de los siguientes:

- 1) Hacer o hacer que se haga una declaration material o declaration material falsa o fraudulenta con el proposito de obtener o denegar * compensation, tai como se define en la Section 3207 del Código del Trabajo. * Todos los beneficios o pagos conferidos por la Division 4 a un empleado lesionado, incluida la rehabilitation vocational o, en caso de fallecimiento, a sus dependientes, independientemente de la negligencia
- 2) Presentar o hacer que se presente una declaration escrita u oral a sabiendas falsa o fraudulenta en apoyo de, o en oposicion a, un reclamo de compensation con el proposito de obtener o denegar cualquier compensation, segiin se define en la Section 3207 del Código Laboral
- 3) A sabiendas asistir, instigar, conspirar o solicitar a una persona en un acto ilegal en virtud de esta section
- 4) Hacer o hacer que se haga una declaration deliberadamente falsa o fraudulenta con respecto a la titularidad de los beneficios con la intention de desalentar a un trabajador lesionado de reclamar beneficios o seguir un reclamo

Toda persona que viole la subdivision (a) será castigada con prision en la carcel del condado por un año, o en la prision estatal por dos (2), tres (3) o cinco (5) años, o una multa que no exceda uno Ciento cincuenta mil dolares (\$ 150,000.00) o el doble del valor del fraude, el que sea mayor, o tanto el encarcelamiento como la multa.

Se ordenara la restitution, incluida la restitution por cualquier evaluation medica o servicios de tratamiento obtenidos o proporcionados. El tribunal determinara el monto de la restitution y la persona o personas a quienes se les pagará la restitution.

De conformidad con la Section 1877.3 b (1) del Código de Seguros de California:



AmTrust North America

An AmTrust Financial Company

On Behalf of _____
P.O. Box 89404 Cleveland OH 44101

Employee: _____

Employer: _____

Claim Number: _____

Date of Hire: _____

Social Security Number: _____

Position/Job Title: _____

WAGE STATEMENT PERIOD TO COMPLETE:
FROM: _____ **TO** _____

EMPLOYMENT TYPE:
Full ____ Part Time ____ **Seasonal ____ **Temp ____ **
Seasonal/Temp Job start date: _____
Seasonal/Temp Job end date: _____

WAGE INFORMATION:
Monthly Wage: \$ _____ Commission: Y__N__
Hourly Rate: \$ _____ Overtime Rate/Hr: \$ _____
Hours Scheduled Per week: _____
Regular OT Hours Per Week: _____
Tips Reported Per Week: \$ _____

If employees' compensation package includes an allowance for any of the following, please indicate the actual or estimated value:

Per WK: Meals \$ _____ Rent/Lodging \$ _____

Auto Allowance: \$ _____ Bonus \$ _____

Bonus Paid:
Weekly: _____ Monthly: _____ Annually: _____

WK	Pay Rate	Reg Hrs Worked	OT Hrs	Begin Date	End Date	Gross Salary
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RETURN-TO-WORK; A GREAT IDEA

We at the AmTrust Group, are convinced that an employer who provides light, or restricted work for injured employees, enjoys numerous benefits. This is not just an opinion, it's something we see day in and day out. Consider:

- Unless an injured worker returns to the workplace within 60 days, chances of him/her ever returning drop dramatically. (resulting in a very expensive permanent disability situation.)
- After 6 months away from the workplace, only 50% chance of return.
- After 12 months, only a 10% chance of return.

Some Return-to Work Benefits Include:

- "Test" of malingering potential. Injured employees who refuse light duty are more prone to being malingerers.
- Opportunity for employer to demonstrate true concern for workers' well-being.
- Promotion of rehabilitation and recovery.
- Lower medical and rehabilitation costs.
- Productivity.
- Morale improvement for the injured worker.
- Ability for the employer to monitor the injured employee's recovery progress.
- Decrease of WC claims costs, with resultant downstream WC premium savings.

(Notice we're not just talking about 'feel-good' issues, but also hard dollars !)

Some common misconceptions (and truths) about Return-to-Work / Light Duty:

Misconception: *We've already got too many "programs" around here, and don't need any more paper.*

Truth: While it is true a written, planned program works best, in many cases a Light Duty "program" can be nothing more than a management understanding of the benefits and principles of Return-to-Work, how it works, and the commitment to 'just do it', when light-duty recommendations are made by WC physicians.

Misconception: *It will get me into an Americans With Disabilities (ADA) "situation".*

Truth: Light-duty and ADA "reasonable accommodation" are two entirely separate issues. Generally, light duty is a temporary assignment, for a relatively short period. ADA accommodations are made for serious, permanent disabilities that impair major life activities.

Misconception: *I'll have to devise a whole new job each time an employee needs light duty.*

Truth: The vast majority of light-duty restrictions require accommodating only one or two factors, such as "no lifting over 10 pounds", or the like. In many cases, if you break the jobs down into individual **tasks**, you'll see that only one or two tasks within the employee's normal job are affected, and can be handled in some other way.

Misconception: *Once an employee gets into a "cushy" light-duty job, s/he'll never leave it, and I'll be stuck with it.*

Truth: Light duty is always defined by, and monitored by the attending physician. An employee on light duty is periodically monitored by the physician for improvement, and is released for full-duty as soon as medically indicated.

Misconception: *We're a union company. Our union won't allow us to pay lower rates, or move employees between classifications, or between bargaining groups.*

Truth: Any Local that objects to a Return-to-Work program should be referred to its national body for guidance. Return to Work is universally recognized as a very positive influence on an injured worker (as well as benefiting the employer). Labor unions, whose major purpose for existence is the benefit of the workers they represent, should not only "tolerate" Return-to-Work programs, but enthusiastically promote, and assist in such programs' implementation and operation. It is strongly suggested that management approach labor representatives to solicit their input, and assistance in making Return to Work a positive force in your workplace.

Misconception: *I might be willing to place a worker in a light-duty position, but I can't afford pay them their full pay, for the decreased productivity.*

Truth: Talk to your WC insurer's claims professional. In many cases, states' WC plans provide for "make-up" pay to replace some, or all of the injured employees' decreased earnings. The goal of getting them back to the workplace, and doing some productive work is that important!