SANTA PAULA UNIFIED SCHOOL DISTRICT

Workers Compensation
201 S. Steckel Drive, Santa Paula, CA 93060
• Classified FAX (805) 933-8025 • Certificated FAX (805) 933-8026•
• Email: workerscomp@santapaulaunfied.org •

Workers Compensation Process

After notifying his/her Supervisor, the injured employee (or Supervisor) must call **Company Nurse (available 24 hours a day) at: 1 (855) 602-5267**.

Attached are the Workers' Compensation forms. Some forms are required for all instance and some forms are required based on the particular circumstance.

Forms Checklist:

- ☐ Certification of Receipt of Workers Compensation Information
  Complete for all workplace caused employee illnesses or injuries.
- ☐ DWC 1 Workers' Compensation Claim Form
  - Employee must complete the "Employee section" for all workplace caused, employee illnesses or injuries.
  - Employer representative:
    - completes the "Employer section" ensuring the form is signed and dated,
    - gives a copy to the employee, and
    - delivers a copy to the District WC Office within 24 hours.
- ☐ VCSSFA-Athens Medical Provider Network Brochure
  Must be given to the employee.
- ☐ Ventura Urgent Care Referral & Treatment Authorization Form
  Employer representative completes and signs if employee needs medical attention and employee does not have a completed Predesignation of Personal Physician form on file.
- ☐ Workers Compensation Medical Services Request
  Complete if employee needs medical attention and has a Predesignated Personal Physician form on file (verify by calling District WC Office). District representative must sign this form.
- ☐ Refusal of Medical Examination and/or Treatment
  Employee must complete if they refuse medical examination and/or treatment.
- ☐ Employee Statement and Continuation Sheet
  Employee must complete form. Use continuation sheets if necessary.
- ☐ Supervisor's Report and Continuation Sheet
  Supervisor must complete form. Use continuation sheets if necessary.
- ☐ Witness Statement
  Completed by witness(es), if any. Use continuation sheets if necessary.

Submittal Procedures:

The Certification of Receipt of Workers Compensation Information and DWC 1 Workers' Compensation Claim Form must be submitted to the District WC Office within 24 hours, this is a legal requirement. Submit copies of all other completed forms, with the exception of the CMH Referral & Treatment Authorization Form or Workers' Compensation Medical Services Request to the District-Workers' Compensation Office within two days.

SANTA PAULA UNIFIED SCHOOL DISTRICT
CERTIFICATION OF RECEIPT OF WORKERS COMPENSATION INFORMATION

In the event of an on the job injury employers are obligated by law to provide the Employee's for Workers Compensation Claim Form (DWC 1) and the VCSSFA-Athens Medical Provider Network Brochure.

I received the following documents/forms from my supervisor/employer:

1. DWC 1 Workers Compensation Claim Form-I understand I am to return the DWC 1 Workers Compensation Claim form **with the employee portion completed** to the Human Resources Office.

2. Facts About Workers Compensation-Information regarding Workers Compensation benefits.

3. VCSSFA-Athens Medical Provider Network Brochure-this contains important information on accessing the VCSSFA-Athens Medical Provider Network.

4. MyMatrixx Workers Compensation Prescription Information-to be used at the pharmacy if my medical provider prescribes medication.

5. Refusal of Medical Examination and/or Treatment Form (only if needed)-I understand that if I consider my injury to be superficial and without need of a physician's treatment that in addition to the DWC 1, I am to complete and return the Refusal of Medical Examination and/or Treatment form, to the Human Resources Office.

Name of Employee (please print): _____

Signature of Employee: _____ Date Received: _____

Signature of Person Providing Forms to Employee: _____

IN CASE OF WORKPLACE INJURY

ACCION a seguir en caso de un accidente en el trabajo

COMPANY NURSE™
Because Accidents Happen™



AVAILABLE
24 HOURS A DAY

1-(855) 602-5267

Employer Name (Nombre De Compania)	Search Code (Código Del Búqueda)
Santa Paula Unified School District	VCS07

1. **Injured worker notifies supervisor.**
   Empleado lesionado notifica a su supervisor.

2. **Supervisor/Injured worker immediately calls injury contact center.**
   Supervisor / Empleado lesionado llama de imediato al centro de contacto para lesiones.

3. **Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.**
   Company Nurse obtiene información por teléfono y asiste al empleado lesionado en adquirir el tratamiento médico adecuado.

NOTICE TO EMPLOYER/SUPERVISOR: Please post copies of this poster in multiple locations within your worksite. If the injury is non-life threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.

Pre-designation Of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (M.D) or doctor of osteopathic medicine (D.O.) or medical group if: You have health care insurance for injuries/illness 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 non-occupational illnesses and injuries; prior to the injury your doctor agrees to treat you for work injuries or illnesses; prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury/illness, and (2) your personal doctor's name and business address.

You may use this form, a form provided by your employer or provide all the information in writing to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury/illness and the above requirements are met.

Notice Of Pre-designation Of Personal Physician
Employee: Complete this section

Employer _____

If I have a work-related injury or illness, I choose to be treated by:

_____
(Name of doctor) (MD, DO, 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 Signature: _____ Date: _____

Note to Employee: Unless you agree in writing, neither your employer or Athens Administrators may contact your personal physician to confirm a pre-designation. If your physician does not sign this form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree, your employer or Athens Administrators may contact your personal physician to confirm this pre-designation, sign and date below:

Employee Signature: _____

Employee #: _____ Date: _____

Physician: I agree to this Pre-designation:

Signature: _____ Date: _____
(Physician or Designated Employee of the Physician)

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 pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3). (Optional DWC Form 9783 July 1, 2014)

Notice of Personal Chiropractic or Personal Acupuncturist

If your employer or your employer's insurer does not have a Medical Provider Network (MPN), you may be able to change your treating physician to your personal chiropractor (D.C.) or acupuncturist (L.AC.) following a work-related injury/illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal D.C. or L.AC. in writing prior to the injury/illness. Athens Administrators generally has the right to select your treating physician within the first 30 days after your employer knows of your inju-ry/illness. After your employer or Athens Administrators has initiated your treatment with another physician during this period, you may then, upon request, have your treatment transferred to your personal D.C. or L.AC. You may use this form to notify your employer of your personal D.C. or L.AC., or your employer may have their own form. The D.C. or L.AC. must be your regular D.C. or L.AC. who has directed your treatment and retains your chiropractic records and history. If your employer has an MPN, you may only switch to a D.C. or L.AC. within the MPN. A chiropractor cannot be your treating physician after 24 visits. If you still require medical treatment thereafter, you will have to select a 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.

Name of chiropractor of acupuncturist (DC or LAC): _____

_____

_____
(street address, city, state, zip)

_____
(telephone number)

Employee Name (Please Print): _____

Employee's Address: _____

_____

Employee Signature: _____ Date: _____

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

When a work injury occurs:

- Quickly seek first aid.
- Call 9-1-1 for help immediately if emergency medical care is needed.
- Immediately report injuries to your supervisor.

Athens Anthem MPN Information:

MPN Website: www.viiad.com/anthemcompass/KBATHENSI000

MPN effective date: 05/01/2019

MPN ID: 2377

For help locating a MPN physician, call your MPN access assistant at (844) 752-1142

For MPN questions, call: (866) 482-3535
Or email lfarlander@athensmci.com

Information & Assistance Office:

1901 N. Rice Avenue, Suite 200,
Oxnard, CA 93030-7912
Tel: (805) 485-2533

Ventura County Schools Self-Funding Authority

The Facts About Workers' Compensation

ATHENS
People, Powered.

Athens Administrators
Post Office Box 696
Concord, CA 94522-0696

Phone: (866) 482-3535

Approved by Division of Workers' Compensation

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What is workers' compensation? Its purpose is to insure that an employee who is found to sustain an industrial injury or illness will be provided with benefits to medically cure or relieve them from the effects of the injury/illness, provide tem-porary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an inju-ry/illness, protection from discrimination by his/her employer because of the injury/illness.

Am I Covered? Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. Athens Administrators Risk Services Group (Athens Administrators) is your employer's claims administrator. Your employer or Athens Administrators can answer any questions you might have about coverage.

What Does Workers' Compensation Cover? If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or Athens Administrators if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

Duty Of The Employee. Immediately notify your employer or Athens Administrators so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to Athens Administrators. Athens Administrators is in charge of handling your claim and informing you about your eligibility for benefits.

Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to $10,000 in treatment pending a decision by Athens Administrators for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided.

Duty of the Employer: Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to Athens Administrators Risk Services Group.

What are the benefits? You may be entitled to various kinds of benefits under California workers' compensation law including:

Medical Care: Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor. State law limits certain medical services as of January 1, 2004. You should never receive a medical bill. If additional treatment is necessary, Athens Administrators will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to Athens Administrators so your benefits can be paid.

The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permcnent impairment of bodily function(s) or the need for future medical care Generally, your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or Athens Administrators. They're as interested as you are in your prompt recovery and return to work and will select a different doc-tor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician.

You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use.

If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

Temporary Disability Benefits: If you are not medically able to work for more than three days cue to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If ycu reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary. See the "Other Benefits" section of this pamphlet for additional in information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

Permanent Disability: If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law determines minimum and maximum amounts, and they vary by injury date. If you are entitled to PD, Athens Administrators will send you a letter explaining how the benefit was calculated. If the injury causes PD, the first payment of PD benefits is made within 14 days after the last payment of TD, unless your employer has offered you a position that pays at least 85% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and, compensation paid to you on the date of injury, the PD would be paid after an Award issues.

Supplemental Job Displacement Benefit (SJDB): If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits. If you qualify for the supple-mental job displacement benefit, Athens Administrators will provide a voucher up to a maximum of $6,000.

Death Benefits: If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

Discrimination: It a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

Other Benefits: Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/ illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information.

You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured worker's whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: www.dir.ca.gov.

If You Still Have Questions... ask your supervisor or employer representative. Or contact Athens Administrators at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your work-place. You can also call 800-736-7401 or visit the DWC website at: http://www.dir.ca.gov/dwc.

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to $150,000 and imprisonment up to five years.

WHAT IF I AM ALREADY BEING TREATED FOR A WORK-RELATED INJURY BEFORE VENTURA COUNTY SCHOOLS SELF-FUNDING AUTHORITY-ATHENS MPN BEGINS?

If your current treating doctor is or becomes a member of VCSSFA-ATHENS MPN, then you may continue to treat with this doctor and your treatment will be under VCSSFA-ATHENS MPN. If your current treating doctor **is not** or does not become a member of VCSSFA-ATHENS MPN, then you may be sent to a VCSSFA-ATHENS MPN doctor for treatment. If this occurs, you will be sent a letter and your doctor will also be notified.

You will not be transferred to a doctor in VCSSFA-ATHENS MPN if your injury or illness meets **any** of the following conditions:

- (Acute) The treatment for your injury or illness will be completed within 90 days;
- (Serious) Your injury or illness is one that is serious and persists over at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made. This one year period starts from the date of your receipt of the notification of the determination that you have a serious chronic injury or illness.
- (Terminal) 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 your employer or insurer that will occur within 180 days of the MPN effective date.

If VCSSFA-ATHENS MPN is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above.

Your treating doctor shall provide the report to you within twenty (20) calendar days of your request. If your treating doctor fails to issue the report, then the determination made by Ventura County Schools Self-Funding Authority-ATHENS MPN shall apply.

If either VCSSFA-ATHENS MPN or you do not agree with your treating doctor's report, this dispute will be resolved according to **Labor Code Section 4062**. You must notify one of the persons listed previously if you disagree with this report.

If your treating doctor agrees that your condition **does not** meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision.

If your treating doctor believes that your condition **does** meet one of those listed above, you may continue to treat with them until the dispute is resolved.

If you wish to receive a complete copy of your employer's Transfer of Care Policy, you may call the designated MPN Contact Person.

WHAT IF I AM BEING TREATED BY A VCSSFA-ATHENS MPN DOCTOR AND THEY LEAVE THE MPN?

Your employer or insurer has a written Continuity of Care Policy that provides for a system that may allow you to complete your medical treatment when your treating doctor is no longer actively participating in Ventura County Schools Self-Funding Authority-ATHENS MPN.

If you are being treated for a work-related injury in Ventura County Schools Self-Funding Authority-ATHENS MPN and your doctor no longer has a contract with the MPN, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- (Acute) The treatment for your injury or illness will be completed within 90 days;
- (Serious) Your injury or illness is one that is serious and persists over at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year from the contract termination date, until a safe transfer of care can be made.
- (Terminal) 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 your employer or insurer that will occur within 180 days of the contract's termination date.

If any of the above conditions exist, VCSSFA-ATHENS MPN may require your doctor to agree in writing to the same terms they agreed to when they were a provider in Ventura County Schools Self-Funding Authority-ATHENS MPN Network.

If they do not, they may not be able to continue to treat you. If the contract with your doctor was terminated or not renewed by Ventura County Schools Self-Funding Authority-ATHENS MPN for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor.

If you wish to receive a complete copy of your employer's Transfer of Care Policy, you may call the designated MPN Contact Person.

WHAT IF I NEED HELP?

You may always contact the persons previously listed for more help or explanation about your medical treatment if you have a work-related injury or illness. Also, if you have concerns, complaints or questions regarding a specific MPN or the notification process or your medical treatment after a work-related injury or illness, you can contact:

Information and Assistance Officer
at the Division of Workers' Compensation
1.800.736.7401

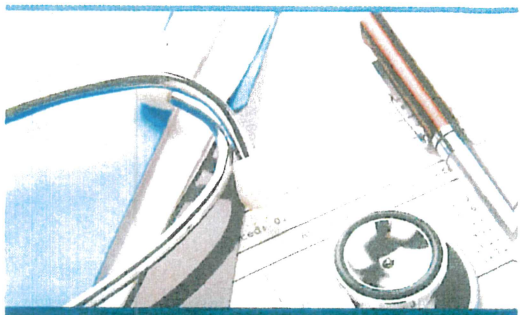
ATHENS ADMINISTRATORS

For questions regarding your Workers' Compensation Claim:

MAILING ADDRESS
Post Office Box 696
Concord, CA 94522-0696

TOLL-FREE
866.482.3535

VISIT
www.athensadmin.com



VENTURA COUNTY SCHOOLS SELF-FUNDING AUTHORITY (VCSSFA) - ATHENS MPN

CHOOSING MEDICAL CARE FOR WORK-RELATED INJURIES AND ILLNESSES

Ventura County Schools Self-Funding Authority

California law requires your employer to provide and pay for medical treatment if you are injured at work. Your employer has chosen to provide this medical care by using a Workers' Compensation Physician Network called a **Medical Provider Network (MPN)**. This MPN is administered by Anthem. This form gives you information about the MPN program and describes your rights in choosing medical care for work related injuries and illnesses.

WHAT IS AN MPN?

A Medical Provider Network (MPN) is an entity or group of providers that has been approved by the State of California Division of Workers' Compensation (DWC) to provide health care to workers who are injured on the job.

MPNs must meet the quality and service standards set by the Division of Workers' Compensation. They must have health care providers who understand the workers' compensation system and occupational health care.



Ventura County Schools Self-Funding Authority-ATHENS MPN will make sure that you have medical treatment available at reasonable times if you have a work-related injury or illness. All medical treatment will be in accordance with the medical standards approved by the DWC.

HOW DO I FIND OUT WHICH DOCTORS ARE IN MY MPN?

You may access the doctors in the network by visiting:
Website: **http://bit.ly/VCSSFAMPN**
MPN #: **2377**

The insurance company has designated the following person to be the MPN contact for all employees. They will tell you how to review, receive or access the names of the doctors in your network.

Contact Title	**Medical Access Assistant**
Telephone	**(844) 752-1142**
Fax	**(855) 279-2515**
	AthensMAA@anthemwc.com

Your employer's workers' compensation representative have access to this listing in hard copy and online formats.

In addition, you may contact **VCSSFA - ATHENS MPN** if you have any questions, or cannot locate a copy of your MPN list of doctors:

ANTHEM WORKERS' COMPENSATION[SM]
Telephone **(866) 482-3535**

WHAT IF I GET INJURED AT WORK?

When you notify your employer or insurer that you have had a work-related injury, your employer or insurer will arrange an appointment with a doctor in VCSSFA-ATHENS MPN Network. After this first visit, you may continue to be treated by this doctor, or you may choose another doctor **from the MPN Network that treats your type of injury**, and you may continue to choose doctors within Ventura County Schools Self-Funding Authority-ATHENS MPN Network for all of your medical care for this injury. If appropriate, you may also ask for a referral to a specialist. If you need help in choosing a doctor or seeing a specialist, or if you are having trouble getting an appointment with a MPN provider, you may contact one of the people previously listed.

VCSSFA-ATHENS MPN has at least **three (3)** physicians of each specialty expected to treat common injuries based on the type of occupation or industry in which you are engaged.

VCSSFA-ATHENS MPN has a primary treating physician and a hospital for emergency health services, or if separate from such hospital, a provider of all emergency health care services, within **thirty (30)** minutes or **fifteen (15)** miles of your residence or workplace.

VCSSFA-ATHENS MPN has providers of occupational health services and specialties within **sixty (60)** minutes or **thirty (30)** miles from your residence or workplace. For workers traveling within California but outside the MPN network, if non-emergency medical care is needed, call the MPN contact for a list of accessible providers or for authorization to go to a non-MPN provider if a MPN provider is not accessible.

If you require treatment in a rural area, alternative access standards shall apply. Under these standards, the MPN shall arrange or approve non-emergency medical care from physicians within or outside of the MPN. The MPN shall ensure the availability of three (3) such physicians, who shall be available to you for treatment, or for obtaining a second or third opinion if requested. The MPN shall ensure that all services shall be available and accessible at reasonable times to all covered employees.

The MPN shall arrange or approve non-emergency medical care from physicians outside of the MPN for:

A. covered employees authorized by the employer to temporarily work or travel for work outside the MPN geographic service area when the need for medical care arises;

B. former employees whose employer has ongoing workers' compensation obligations and who permanently reside outside the MPN geographic service area;

C. injured employees who decide to temporarily reside outside the MPN geographic service area during recovery.

The MPN shall ensure the availability of at least three (3) such physicians who have either been referred by the employee's primary care physician within the MPN or have been selected by the MPN, and who shall be available for treatment, or for obtaining a second or third opinion if requested by the injured worker. These referred physicians shall be located within the MPN access standards as found in this application.

For non-emergency services, the MPN shall ensure that an appointment for initial treatment is available within three (3) business days of the MPN's receipt of a request for treatment within the MPN. For non-emergency specialist services, the MPN shall ensure that an appointment is available within twenty (20) business days of the MPN's receipt of a referral to a specialist within the MPN.

If your primary care physician refers you to a type of specialist not included in the MPN, you may select a specialist from outside the MPN. Injured employees shall be able to receive emergency health care services from a medical service or hospital provider who is not a member of the MPN.

WHAT IF I DO NOT AGREE WITH MY DOCTOR?

If you do not agree with either the **diagnosis or treatment** prescribed by your doctor, you may ask for a second and third opinion from doctors within Ventura County Schools Self-Funding Authority-ATHENS MPN Network.

If you wish a **second opinion**, you must contact the person from your employer or insurer listed above and tell them you wish a second opinion. The contact person will make sure you have a list of MPN doctors to choose from. Then you may choose a doctor from Ventura County Schools Self-Funding Authority-ATHENS MPN Network and make an appointment **within 60 days**. You must tell the employer or contact person of your appointment date.

If you do not make an appointment within 60 days, you may no longer get a second opinion. If the second opinion doctor feels that your injury is outside of the scope of their practice, they will notify your employer or insurer, and you will get a new list of VCSSFA-ATHENS MPN doctors or specialists so you can make another selection.

If you get a second opinion, and still disagree with your doctor, you may ask for a third opinion.

If you wish a **third opinion**, you must contact the person from your employer or insurer listed above and tell them you wish a third opinion. They will make sure you have a list of MPN doctors to choose from. Then you may choose a doctor from Ventura County Schools Self-Funding Authority-ATHENS MPN Network and make an appointment within 60 days. You must tell the person listed above of your appointment date.

If you do not make an appointment within 60 days, you may no longer get a third opinion. If the third opinion doctor feels that your injury is outside of the scope of their practice, they will notify your employer or insurer and you will get a new list of VCSSFA-ATHENS MPN doctors or specialists so you can make another selection.

A copy of the written report from a second or third treating physician shall be provided to you, your treating doctor, and the contact person, within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later. If you get a third opinion, and still disagree with your doctor, you may ask for an **Independent Medical Review (IMR)**. Your employer or insurer contact person will give you information about requesting an Independent Medical Review and a form at the time you request a third opinion.

As long as your second opinion, third opinion or Independent Medical Reviewer agrees with the treating doctor, you will continue to receive your medical treatment with doctors in Ventura County Schools Self-Funding Authority-ATHENS MPN network. If the Independent Medical Reviewer does not agree with your treating doctor, you may seek that medical treatment from either inside or outside VCSSFA-ATHENS MPN. If you receive treatment outside the MPN, it can only be for the treatment or diagnostic service recommended by the Independent Medical Reviewer.

Once this treatment is completed, you will receive all other treatment with a doctor of your choice within the MPN Network.



myMatrixx
An Express Scripts Company

Santa Paula Unified School District
Workers' Compensation Prescription Information

Employer: Please fill out employee information below and provide employee with this document to take to any pharmacy.

Employee Name: (Nombre/apellido)	
Member ID/SSN: (número de identidad/seguro social)	
Date of Injury: (fecha de la lesión)	
Group#:	10602917
Processor:	myMatrixx
BIN#:	014211
Day supply is limited to 30 days for a new injury (Abastecimiento diario esta limitado a 30 días para una lesión nueva)	
myMatrixx Help Desk: (877) 804-4900	

Employer Signature:	Phone:	Date:

Employee:

Santa Paula Unified School District has partnered with ***myMatrixx*** to make filling workers' compensation prescriptions easy.

This document serves as a temporary prescription card. A permanent prescription card specific to your injury will be forwarded directly to you within the next 3 to 5 business days.

Please take this letter and your prescription(s) to a pharmacy near you. myMatrixx has a network of over 60,000 pharmacies nationwide. If you need assistance locating a network pharmacy near you, please call myMatrixx toll free at (877) 804-4900.

IF YOU ARE DENIED MEDICATION(S) AT THE PHARMACY PLEASE CALL (877) 804-4900

TRABAJADOR LESIONADO:

Santa Paula Unified School District se ha unido con ***myMatrixx*** para llenar las recetas médicas por lesions bajo compensación del trabajador más fácil.

Este documento le sirve como tarjeta provisional para su primera receta. Una tarjeta permanente y especificamente para su lesión le será enviada por correo dentro de los próximos 3 a 5 días laborales.

Por favor lleve este documento y su receta a la farmacia. myMatrixx tiene un red de más de 60,000 farmacias dentro del país. Si quiere saber si una farmacia en particular esta dentro de nuestra red favor de llamar al (877) 804-4900.

SI LE NIEGAN EL MEDICAMENTO EN LA FARMACIA FAVOR DE LLAMAR AL (877) 804-4900

Pharmacist:

Please obtain above information from the injured employee if not already filled in by employer to process prescriptions for the workers' compensation injury only. Document only valid if signed and dated by employer above.

Please do not send patient home or have patient pay for medication(s) before calling myMatrixx for assistance.

NOTE: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

HELPDESK (877) 804-4900

Farmaceútico:

Por favor obtenga la información de arriba del paciente si el pátron no la lleno, para procesar recetas médicas relacionadas a lesiones bajo la compensación del trabajador solamente. El document es válido si esta firmado y fechado en la parte superior por el patron. :

Por favor no envíe al paciente a la casa ni le haga pagar por medicamentos sin antes comunicarse con myMatrixx.

AVISO: Ciertos medicamentos han sido pre-aprobados para este paciente; estos medicamentos son procesados sin autorización. Todos los demás precisan autorización previa.

HELPDESK (877) 804-4900

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, l 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 arriesg 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 estales. 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 requisios, 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 despida 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 afecten 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 Estatalde 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.

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

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

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

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

Empleado: *Complete la sección* ***"Empleado"*** *y entregue la forma a su empleador. Quédese con la copia designada* ***"Recibo Temporal del Empleado"*** *hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al* ***(800) 736-7401*** *para oir 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 benficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

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

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

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 occurió el accidente.* _____
6. Describe injury and part of body affected. *Describa 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.* **Santa Paula Unified School District**
11. Address. *Dirección.* **201 S. Steckel Drive, Santa Paula, CA 93060**
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 adminstradora de seguros.* _____
    Athens, P.O. Box 696, Concord, CA 94522-0696
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*

Ventura Urgent Care

a member of the visit health network.

(805) 656-6585
fax: (805) 639-9446
inquiries@visithealth.com

Date: _____

- ☐ Work Related Injury
- ☐ Modified Duty is Available
- ☐ Pre-Employment Physical
- ☐ DOT Physical
- ☐ PPD Skin Test
- ☐ Alcohol Breath Test
- ☐ Urine Drug Screen
- ☐ Drug Screen Collection
  - ☐ DOT ☐ Non-DOT
- ☐ Other: _____

Employee Name: _____ _____
First Last

Employer: _____

Company Phone: _____ Fax: _____

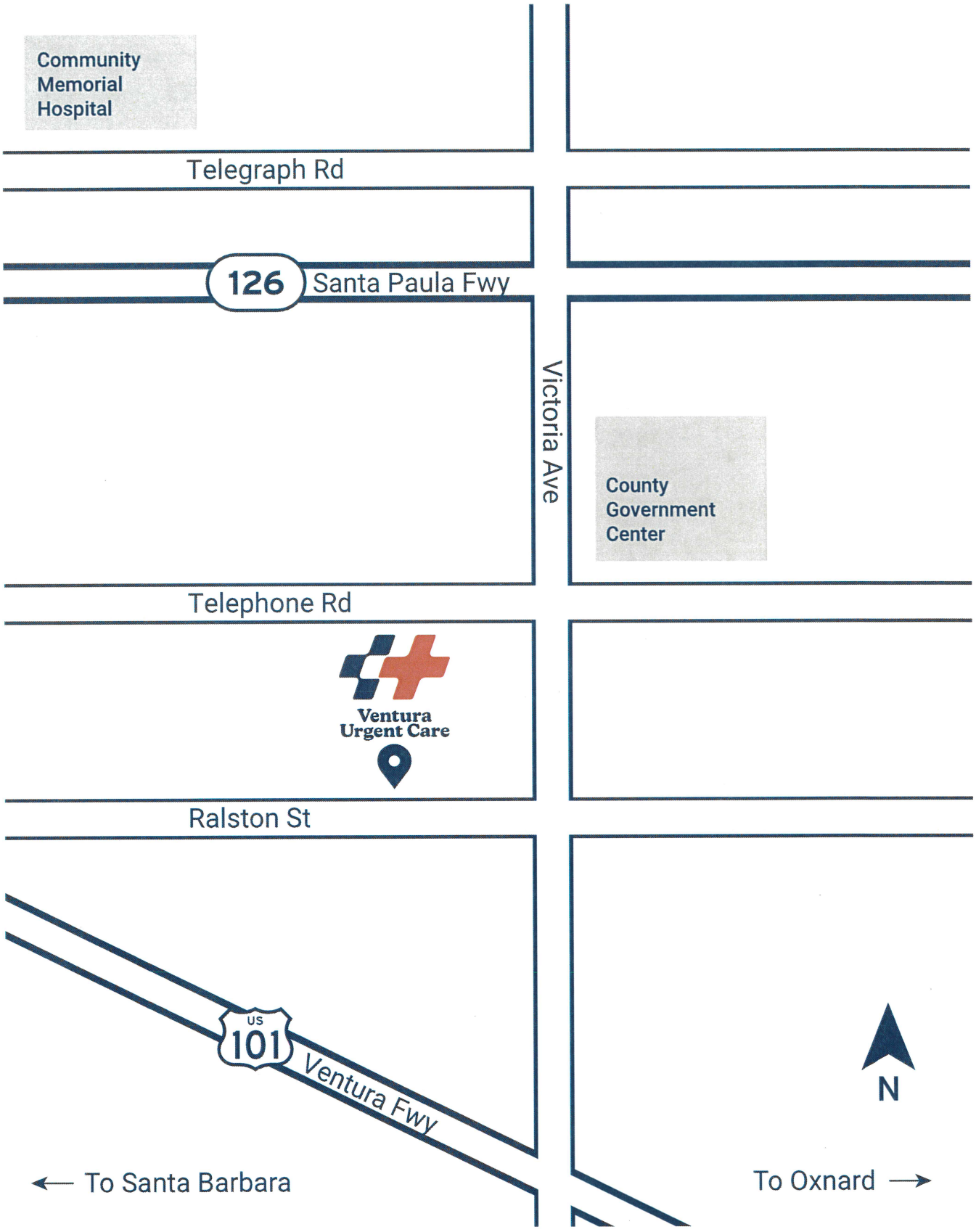
Email: _____

Send billing to: _____

Authorized by: _____

NO APPOINTMENT NECESSARY!

5725 Ralston Street, Ste. 101, Ventura CA 93003
Mon - Fri: 8am-5pm | **Sat, Sun & holidays:** 9am-5pm
inquiries@visithealth.com | venturaurgentcare.com



Ventura Urgent Care

(805) 656-6585 | fax: (805) 639-9446

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SANTA PAULA UNIFIED SCHOOL DISTRICT

Workers Compensation
201 S. Steckel Drive, Santa Paula, CA 93060
• Classified FAX (805) 933-8025 • Certificated FAX (805) 933-8026•
• Email: workerscomp@santapaulaunfied.org •

WORKERS COMPENSATION
MEDICAL SERVICE REQUEST

Use when sending employee to his/her predesignated personal physician.

Date of Injury: _____

Doctor: _____
(The Predesignated Physician/Medical Group)

We are sending _____ _____ to you for
(Injured Employee) (Title)
consultation and evaluation in accordance with the terms of the Workers' Compensation laws. Should you find that the injured worker requires treatment, please contact Athens' at (747) 222-8003 for authorization.

Employee left work at: _____. Doctors Office, Time In: _____ Time Out: _____

*Please send a copy of Doctor's First Report of Occupational Injury or Illness (DWC 1) to: Athens Administrators, PO Box 696, Concord, CA 94522 AND a copy to our office at the above address, Attention: Workers Compensation.

Thank you,

_____	(805) 933-8800	_____
Signed on behalf of SPUSD	Phone	Date

Employee takes this form to his/her predesignated physician. This form is returned to the district along with the Doctor's First Report of Injury.

Rev 11/16/2020

SANTA PAULA UNIFIED SCHOOL DISTRICT

REFUSAL OF MEDICAL EXAMINATION AND/OR TREATMENT

Name of Employee _____

School/Site _____ Position _____

Date of Accident _____ Date Reported _____

PLEASE CHECK ONE

_____ My signature below confirms that **I am not** experiencing any signs or symptoms resulting from the industrial accident indicated above.

Medical treatment has been offered but I further decline any medical evaluation or treatment as a result of this job-related accident. I will complete the DWC form given to me by my employer to be kept on file.

_____ My signature below confirms that **I am** experiencing signs or symptoms resulting from the industrial accident indicated above. *However, I feel my symptoms are improving.*

Medical treatment has been offered but I further decline any medical evaluation and/or treatment as a result of this job-related accident. I will complete the DWC form given to me by my employer to be kept on file.

PLEASE INITIAL BELOW

_____ **If the need for medical treatment arises as a result of this injury, I have been instructed to inform my supervisor and to immediately contact Company Nurse (available 24 hours a day) at 1-855-602-5267.**

_____ _____

Signature of Employee Date

This document is not a waiver of Workers' Compensation benefits as stated by Labor Code 5405(a), where no benefits have been provided, the injured employee has a maximum period of one (1) year from the date of injury to obtain medical treatment and benefits.

SANTA PAULA UNIFIED SCHOOL DISTRICT

EMPLOYEE STATEMENT

Name of injured Employee		Job Title
Department Name		Supervisor
Date of Injury, Illness, or Exposure	Time of Injury, Illness, or Exposure	Time work begins
Names of witnesses		

Type of injury, illness, or incident and all parts of body affected
(cut, strain, fracture, rash, etc. to right index finger, low back, left wrist, etc.)

Equipment, materials, and/or chemicals you were using when the injury, illness, or event occurred.

Specific activity you were performing when the injury, illness, or event occurred.

Were you performing regular job duties at the time of the injury, illness, or event occurred?
(If not, please explain)

How did the injury, illness, or event occur?
(Please describe fully the events that resulted in the injury, illness, or event. Use **Continuation Sheet** if necessary)

Have you previously injured this part(s) of your body before this injury or illness occurred, or did anything else affect your performance? (Please be specific)

How do you feel now?

_____ I would like to be examined by a doctor at this time
_____ I would not like to be examined by a doctor at this time **(Must complete attached Refusal of Medical Examination and/or Treatment Form).**

I certify that this is an accurate statement in my own words, which describes my injury, illness or incident and events leading to such result

Signature	Date
Home Address	Telephone Number

Please return this form to your supervisor when completed

SANTA PAULA UNIFIED SCHOOL DISTRICT

EMPLOYEE STATEMENT

Continuation Sheet

SANTA PAULA UNIFIED SCHOOL DISTRICT

SUPERVISOR'S REPORT OF INJURY, ILLNESS, OR ACCIDENT

Name of injured Employee		Job Title
Department Name		Supervisor
Date of Injury, Illness, or Exposure	Time of Injury, Illness, or Exposure	Date Reported
Names of witnesses		

Type of injury, illness, or incident and all parts of body affected
(cut, strain, fracture, rash, etc. to right index finger, low back, left wrist, etc.)

Equipment, materials, and/or chemicals employee was using when the injury, illness, or incident occurred.

Specific activity employee was performing when the injury, illness, or incident occurred.

Was the employee(s) performing regular job duties at the time of the injury, illness, or incident occurred?
(If not, please explain)

How did the injury, illness, or incident occur?
(Please describe fully the events that resulted in the injury, illness, or incident. Use **Continuation Sheet** if necessary)

Had the employee been previously notified of the hazards associated with the incident? (Please explain)

Was a safety rule violated? _____ yes _____ no If yes, which one?

What corrective action will prevent recurrence?

Status of corrective action:

Do you question this claim? (If so, please explain)

How is the employee's performance		How is the employee's attendance
Supervisor Signature	Manager Signature	Human Resources Signature
Date	Date	Date

Due in District Office within 24 hours of knowledge of injury, illness, or incident

SANTA PAULA UNIFIED SCHOOL DISTRICT

SUPERVISOR REPORT

Continuation Sheet

SANTA PAULA UNIFIED SCHOOL DISTRICT

WITNESS STATEMENT

Name of Witness		Job Title
Department Name		Supervisor
Name of Victim	Date of Injury, Illness, or Exposure	Time of Injury, Illness, or Exposure
How do you know the victim?		

Type of injury, illness, or incident and all parts of body affected
(cut, strain, fracture, rash, etc. to right index finger, low back, left wrist, etc.)

Equipment, materials, and/or chemicals victim was using when the injury, illness, or event occurred.

Specific activity victim was performing when the injury, illness, or event occurred.

Was the victim(s) performing regular job duties at the time of the injury, illness, or event occurred?
(If not, please explain)

Please describe in your own words, anything you saw that was related to the injury, illness, or event.
(Please describe fully the events that resulted in the injury, illness, or event. Use **Continuation Sheet** if necessary)

Please describe in your own words, anything you heard that was related to the injury, illness, or event.
(Please describe fully the events that resulted in the injury, illness, or event. Use **Continuation Sheet** if necessary)

Is there anything you know that leads you to believe that this injury or illness did not happen at work?

I certify that this is an accurate statement in my own words, of the events I saw and/or heard about the injury, illness or accident of my coworker and events leading to such result

Signature	Date
Home Address	Telephone Number

Please return this form to the victim's supervisor when completed

SANTA PAULA UNIFIED SCHOOL DISTRICT

WORKER'S COMPENSATION WITNESS STATEMENT

Continuation Sheet

"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 worker's compensation benefits or payments, is guilty of a felony."

Date: _____

Claimant Name: _____

Witness Name: _____

Statement:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

"I swear, or affirm, that the foregoing statement is true to the best of my knowledge."

_____ _____

Name Date