New Employee's Guide to Workers' Compensation

County of Los Angeles
Facts About Workers' Compensation

What is workers' compensation?

If you get hurt on the job, your employer is required to pay for the medical care and help replace the lost wages resulting from your work-related injury or illness. The State of California (State) workers' compensation laws provide a no-fault system and workers' compensation benefits are provided at no cost to you.

What kinds of injuries and illnesses are covered by workers' compensation?

Almost any injury or illness that occurs due to employment is covered under workers' compensation. You could get hurt by a single event (slipping and falling, being splashed by a chemical, lifting a heavy box, etc.) or by repeated exposures at work (hurting your wrists doing the same motion over and over, losing your hearing because of constant loud noises, etc.). Injuries resulting from a violent workplace crime are covered. There are a few injuries that may not be covered depending on how they occur. For instance, injuries that result from voluntary, off-duty recreational, social, or athletic activities may not be covered.

How do I report a work-related accident or injury?

Immediately notify your supervisor of any work-related injury or illness. Except for minor events that require no medical treatment or evaluation, your employer will provide you with a Workers' Compensation Claim Form (DWC-1) & Notice of Potential Eligibility. You will be requested to complete the DWC-1 by describing your injury/illness, as well as how, when, and where it occurred. You will be provided with a completed copy of the DWC-1. If you delay reporting your injury or delay completing the DWC-1, your entitlement to workers' compensation benefits may be delayed or even jeopardized. If your employer does not learn about your injury within 30 days, you could lose your right to receive workers' compensation benefits.

The County of Los Angeles workers' compensation program is self-insured. The following third party administrator (TPA) handles your department's workers' compensation claims:

Workers' Compensation Third Party Administrator

☐ Sedgwick Claims Management (Unit A)
P.O. Box 7052
Pasadena CA 91109
(800) 782-5888

☐ Sedgwick Claims Management (Unit B)
P.O. Box 11028
Orange CA 92856
(877) 324-0710

☐ Sedgwick Claims Management (Unit C)
P. O. Box 51465,
Ontario, CA 91761
(844)-512-5124

☐ Sedgwick Claims Management (Unit D)
P.O. 51350
Ontario CA 91761
(855) 238-4936

If you need emergency care, call for help immediately (Call 911).

Other Emergency Phone Numbers:

Fire Department: _____

Ambulance: _____

Police or Sheriff: _____

Additional Information Available

Additional information about workers' compensation can be found at the following website: http://dir.ca.gov/dwc or by calling the Division of Workers' Compensation (DWC) Information and Assistance Unit (see page 10 - list of office locations and phone numbers).

Workers' Compensation and Non-Discrimination

It is illegal for your employer to fire you or in any way discriminate against you because you file a workers' compensation claim, intend to file a workers' compensation claim, settle a claim, testify or intend to testify for an injured worker. If it is found your employer discriminated against you, your employer may be ordered to reinstate your job, reinstate your lost wages and employment benefits, and pay increased workers' compensation benefits up to a maximum established under law.

Medical Benefits

Your TPA will pay all reasonable and necessary medical care for your work injury/illness. Medical benefits may include treatment by a doctor, hospital, physical therapy, lab tests, x-rays, and medicines. Your TPA will pay the costs directly so you should never see a bill. In the event a medical provider attempts to bill you for workers' compensation services immediately notify the TPA.

Within one working day after an employee files a claim form, the law requires your employer to authorize all reasonable and necessary medical treatment for an alleged injury until the date the liability is rejected. An employer is obligated to pay for medical treatment on claims that have been delayed (being investigated to determine if work caused the injury/illness) up to $10,000.

Temporary Disability Benefits

If you are disabled and unable to work due to your work-related injury/illness for more than 3 calendar days, temporary disability benefits will partially replace your lost wages. The first 3 calendar days are not paid unless you are disabled more than 14 days, or are hospitalized. Temporary disability pays two-thirds of your average weekly wage, subject to minimum and maximum amounts set by State law. Temporary disability payments begin when your doctor says you can't do your usual work or available modified work. The payments must be made every two weeks. Generally, temporary disability stops when you return to work, or when the doctor releases you for work, or says your injury has improved as much as it's going to. If you were injured after April 19, 2004, your temporary disability payments may be terminated by limitations established the California Labor Code.

The County of Los Angeles provides salary continuation in lieu of temporary disability payments for certain job classifications (County Code 6.20.070). In addition, select job classifications are entitled to Labor Code Section 4850 benefits. Such benefits entitle the injured worker to a leave of absence while disabled without loss of salary in lieu of temporary disability payments. Please contact your department Personnel Officer or Return-to-Work staff with any questions you have relating to your entitlement to salary continuation or Labor Code Section 4850 benefits.

Permanent Disability Benefits

Your examining physician will report on any permanent impairment that may be considered a permanent disability once your injury/illness has reached maximum medical improvement. Under State workers' compensation law, a permanent disability rating involves a specialized formula. This formula considers your age, occupation, type of injury/illness, diminished future earning capacity, and the permanent impairment caused by your work-related injury/illness. Generally, permanent disability payments are issued every two weeks in an amount established by State law and paid over a fixed number of weeks until the total amount has been paid.

Supplemental Job Displacement

If your work-related injury/illness precludes you from returning to work within 30 days after the last payment of temporary disability, and your employer does not offer a modified or alternate work, a nontransferable voucher for education-related costs is payable job to a State-approved school. The supplemental job displacement benefit is for injuries/illnesses occurring on or after January 1, 2004 and can be up to $10,000 depending on the level of your permanent disability. See the following chart for the benefit range:

Per permanent partial disability of less than 15 percent	**=**	**$4,000 voucher**
Per permanent partial disability between 15 and 25 percent	**=**	**$6,000 voucher**
Per permanent partial disability between 26 and 49 percent	**=**	**$8,000 voucher**
Per permanent partial disability between 50 and 99 percent	**=**	**$10,000 voucher**

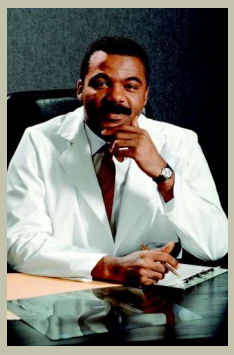
Death Benefits

If the work-related injury/illness causes death, payments may be made to your dependents. The amount of death benefits is set by State law and depends on the number of dependents and whether they were partially or totally dependent on you.

Such payments are made at the same rate as temporary disability, but payments will not be less than $224 per week. A burial allowance is also provided.

What if benefits are denied?

You have the right to disagree with any decision affecting your claim. Call your claims administrator to see if you can resolve any disagreement. For free assistance, you can contact the DWC Information and Assistance Unit (see additional information section). The DWC Information and Assistance Unit provides continuing information on rights, benefits, and obligations under California workers' compensation laws. They can assist in the resolution of misunderstandings and disputes without formal proceedings and help ensure that full and timely benefits are furnished.



Primary Treating Physician

Your primary treating physician (PTP) is the doctor with the overall responsibility for treatment of your work-related injury/ illness and for coordinating care with other providers. The PTP recommends the type of medical care you need and whether a referral to a specialist is needed. Your PTP is also responsible for determining when you can return to work, helping identify the work you can do safely while you recover, and writing medical reports that will affect the benefits you receive. It is important your PTP provides well-documented treatment requests so there is no delay in the utilization review (UR) process. The UR process involves doctors and other health consultants reviewing your medical treatment needs by following medical treatment guidelines approved by the DWC. There are time limits to approve, modify, delay, or deny treatment requests from your physician.

How do I access medical care for my work injury or illness?

If you have a work-related injury/illness, contact your supervisor immediately. Your supervisor or designated department employee will refer you to an Initial Treatment Center (ITC) unless you have predesignated a personal physician. In order to provide you with the best medical care the County of Los Angeles has chosen to utilize a single Medical Provider Network (MPN). You may choose any provider from the County of Los Angeles (L.A. County/CorVel) MPN. You may access the MPN to select an ITC or a continuing treatment provider by logging onto the CorVel MPN website for L.A. County at: https://www.corvel.com/PPOLookupDirect?login=cola

You may also contact the LA County/ CorVel Medical Access Assistant for assistance at 855-857-7556 or email at: MPNAccess_Hotliine@corvel.com

After an initial evaluation, you have the right to choose another primary treating physician from within the MPN.

How do I pre-designate a personal physician?

You can predesignate a doctor or a multi-specialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses/injuries before you sustain your injury/illness. To predesignate, you must give your employer the name and address of your physician or your physician's multi-specialty group in writing before you are injured or become ill due to work (see forms on page 6 & 7).

Your predesignated physician can treat you from the date of your injury/illness. Your predesignated physician must meet the following requirements:

- √ Must be your regular physician.
- √ Must be your primary care physician of your physician's integrated multispecialty group.
- √ Must be licensed per Business & Professions Code.
- √ Must have previously provided your treatment.
- √ Retains your medical records and medical history.
- √ Agrees to be your predesignated physician.

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:

- your employer offers group health coverage;
- 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 street address, city, state, ZIP)

Employee's Signature_____ Date: _____

Physician: I agree to this Predesignation:

Physician's 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.
(Optional DWC Form 9783 March 1, 2007)

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.

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)

_____

(telephone number)

Employee Name (please print): _____

_____

(employee's street address, city, state, ZIP)

Employee's Signature_____ Date: _____

Title 8, California Code of Regulations, section 9783.1. (DWC Form 9783.1- Effective date March 2006)

Returning to Work

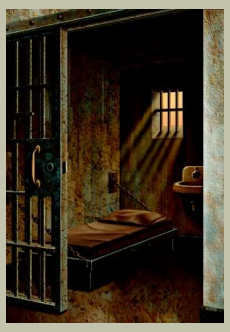
You should take an active role in returning to work as soon as possible by communicating with your treating doctor, claims examiner, and department about the kind of work you can do while recovering from your injury/illness. The County of Los Angeles Return-to-Work Program promotes the provision of temporary, modified or alternative positions for injured workers recovering from injuries/illnesses. Such positions are made available by your department to ensure your safe (within the restrictions established by your doctor) and speedy return to work. The DWC finds that injured workers who return to the job as soon as medically possible have the best outcomes.

Working Safely on the Job

The County of Los Angeles strives to ensure a safe and healthful work environment for County employees, clients, and visitors. This requires every employee to take an active role in ensuring their personal safety and the safety of others. Observe all safety rules, procedures and guidelines. Use personal protective equipment where required.

It is important to immediately report any unsafe conditions, hazards, accidents, and near-misses to your supervisor. Slip, trip and fall hazards, for example, can usually be easily corrected once reported. Emergency exits and stairways should be maintained free from obstructions to ensure immediate exit in case of emergency. Every County department also has a department safety officer who can assist with workplace safety and health matters.

The County depends on you to do your part in providing a safe and healthful environment for everyone.



Workers' Compensation Fraud

It is a felony to file a false or fraudulent statement or to submit a false report or any other false document for the purpose of obtaining or denying workers' compensation benefits. In addition, injured workers are required to report to their employer or claims administrator money they earned for work performed during periods they received temporary disability benefits (including salary continuation or Labor Code 4850 benefits). Failure to follow this requirement may be a violation of the law. Workers' compensation fraud is a serious offense, and if convicted, a person can face up to five years in prison and/or a fine of up to $150,000 or double the value of the fraud.

The vast majority of workers' compensation claims are legitimate. Most injured workers want nothing more than appropriate medical treatment and compensation for lost wages until they can return to work. Workers' compensation fraud, in its many forms, undermines the perceived legitimacy of the workers' compensation system and creates an unwarranted drain on scarce tax dollars. It is vital for the County to aggressively detect, prosecute, and deter fraud in order to protect precious tax dollars. You can report suspected workers' compensation fraud by contacting one of the offices listed below.

OFFICE	PHONE	E-MAIL
CEO RISK MANAGEMENT BRANCH ANTI-FRAUD PROGRAM	(213) 738-2137	wcantifraud@ceo.lacounty.gov
COUNTY OF LOS AGELES (OCI) EMPLOYEE FRAUD HOTLINE	(800) 544-6861	fraud@auditor.lacounty.gov
LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE	(213) 974-3512	Info@da.lacounty.gov
CALIFORNIA DEPARTMENT OF INSURANCE — FRAUD HOTLINE	(800) 927-4357	Fraud@insurance.ca.gov

Division of Workers' Compensation Information and Assistance Unit

Anaheim
1065 N Pacific Center Dr., Suite 170 & 200
Anaheim, CA 92801-1162
(714) 414-1801

Marina del Rey
4720 Lincoln Blvd
Marina del Rey, CA 90292-6902
(310) 482-3820

San Bernardino
464 W. Fourth Street, Suite 239
San Bernardino, CA 92401-1411
(909) 383-4522

Bakersfield
1800 30th Street, Suite 100
Bakersfield, CA 93301-1929
(661) 395-2514

Oakland
1515 Clay Street, 6th floor
Oakland, CA 94612
(510) 622-2861

San Diego
7575 Metropolitan Drive, Suite 202
San Diego, CA 92102-4424
(619) 767-2082

Eureka
100 "H" Street, Room 202
Eureka, CA 95501-0481
(707) 441-5723

Oxnard
2220 E. Gonzales Road, Suite 100
Oxnard, CA 93030-8293
(805) 485-3528

San Francisco
455 Golden Gate Avenue, 2nd floor
San Francisco, CA 94102-7014
(415) 703-5020

Fresno
2550 Mariposa Mall, Room 4078
Fresno, CA 93721-2219
(559) 445-5355

Pomona
732 Corporate Center Drive
Pomona, CA 91768-2653
(909) 623-8568

San Jose
100 Paseo de San Antonio, Room 241
San Jose, CA 95113-1402
(408) 277-1292

Goleta
6755 Hollister Avenue, Room 100
Goleta, CA 93117-5551
(805) 968-4158

Redding
2115 Civic Center Drive, Room 15
Redding, CA 96001-2796
(530) 225-2047

Santa Ana
28 Civic Center Plaza, Room 451
Santa Ana, CA 92701-4033
(714) 558-4597

Grover Beach
1562 W. Grand Avenue
Grover Beach, CA 93433-2261
(805) 481-3296

Riverside
3737 Main Street, Room 300
Riverside, CA 92501-3337
(951) 782-4347

Santa Rosa
50 "D" Street, Room 420
Santa Rosa, CA 95404-4771
(707) 576-2452

Long Beach
300 Oceangate Street, Suite 200
Long Beach, CA 90802-4304
(562) 590-5240

Sacramento
2424 Arden Way, Suite 230
Sacramento, CA 95825-2403
(916) 263-2741

Stockton
31 East Channel Street, Room 344
Stockton, CA 95202-2314
(209) 948-7980

Los Angeles
320 W. 4th Street, 9th floor
Los Angeles, CA 90013-2329
(213) 576-7389

Salinas
1880 North Main Street, Suite 100
Salinas, CA 93906-2037
(831) 443-3058

Van Nuys
6150 Van Nuys Blvd., Room 105
Van Nuys, CA 91401-3370
(818) 901-5367

STATE OF CALIFORNIA - DEPARTMENT OF INDUSTRIAL RELATIONS
Division of Workers' Compensation

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. **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: **www.corvel.com, Login: COLA**

MPN Effective Date: **1/1/2019** MPN Identification number: **0060**

If you need help locating an MPN physician, call your MPN access assistant at: **855.867.7666**

If you have questions about the MPN or want to file a complaint against the MPN, call the MPN Contact Person at: **800.966.6307**

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 **Sedgwick** Phone **877-324-0710**

Workers' compensation insurer **Self-Insured** (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 _____ 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.

ESTADO DE CALIFORNIA - DEPARTAMENTO DE RELACIONES INDUSTRIALES
División de Compensación de Trabajadores

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. 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: www.corvel.com, Login: COLA

Fecha de vigencia de la MPN: 1/1/2019 Número de identificación de la MPN: 0060

Si usted necesita ayuda en localizar un médico de una MPN, llame a su asistente de acceso de la MPN al: 866.657.7556

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: 800.966.5307

Discriminación. Es ilegal que su empleador le castigue o despida 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 Sedgwick Teléfono 877-324-0710

Asegurador del Seguro de Compensación de trabajador autoasegurado (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: _____ 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.