

Facts About Workers' Compensation

The content of this pamphlet has been approved by the Administrative Director of the Division of Workers' Compensation.

WHAT IT IS

California workers' compensation law provides a faster and fairer way to take care of injured workers where fault doesn't have to be proven to recover medical expenses and lost wages. This job-injury insurance is paid for by your employer and supervised by the State. If you can't work due to a job-related injury or illness, workers' compensation pays your medical bills and provides money to help replace lost wages until you can return to work.

WHO'S COVERED

Almost every employee in California is protected by workers' compensation, but there are few exceptions. People in business for themselves and unpaid volunteers may not be covered. Maritime workers and federal employees are covered by similar laws. If you have a question about coverage, ask your employer.

WHAT'S COVERED

Almost any injury or illness is covered if it's due to your job. It can be caused by one event like a fall, or repeated exposures, such as repetitive motion over time. Everything from minor injuries to serious accidents is covered. Workers' compensation even covers injuries- including physical or psychiatric injuries- resulting from a work-place crime. (Some injuries from voluntary, off-duty recreational, social or athletic activity- for example the company bowling team - may not be covered. Check with your supervisor or American Claims Management Workers' Compensation Office at 866.671.5042 if you have questions) Coverage is automatic and immediate. There is no qualifying period, no need to earn a certain amount in wages before you're covered. Protection begins the first minute you're on the job.

HOW TO REPORT AN INJURY

Immediately report, to your supervisor, any injury, no matter how slight. You can also report the injury to ACM online at ACMclaims.com or by phone at 866.671.5042. You should also complete the State required Claim Form (DWC 1) and return to your supervisor or to ACM. If you are in need of the Claim Form (DWC 1), you may obtain a copy on the ACM Web site: ACMclaims.com under Forms. State law requires employers to authorize medical care within one working day of receiving a claim form, and employers may be liable for as much as \$10,000 in treatment until a claim is accepted or rejected.

HOW TO OBTAIN MEDICAL CARE

First Aid: Seek first-aid treatment immediately either on site at work or at the designated medical treatment facility.

Emergency Care: Seek medical treatment immediately. See the emergency telephone numbers which should also be posted in your workplace.

Emergency Telephone Number: Call 911 for an ambulance, the fire department, police, or for emergency medical care from a doctor or the hospital, or go to the nearest emergency room.

Acute and Follow Up Care: If you appropriately pre-designated your personal physician, contact your physician as soon as possible and make arrangements for treatment. OR, If you did not pre-designate your personal physician, call ACM at 866.671.5042 as soon as possible to help you make arrangement for treatment. State law requires employers to authorize medical treatment within one working day of receiving the completed Claim Form from you. If you delay reporting your injury or delay completing the Claim Form, it may result in a delay in receiving benefits; and too long a delay may even jeopardize your right to obtain benefits all together.

OPTIONAL FORM

PREDESIGNATION OF PERSONAL PHYSICIAN

In the event you sustain an injury or illness related to your employment, you may be treated for such injury or illness by your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.) or medical group if:

- on the date of your work injury you have health care coverage for injuries or illnesses that are not work related;
- the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records;
- your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for nonoccupational illnesses and injuries;
- prior to the injury your doctor agrees to treat you for work injuries or illnesses;
- prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury or illness, and (2) your personal doctor's name and business address.

You may use this form to notify your employer if you wish to have your personal medical doctor or a doctor of osteopathic medicine treat you for a work-related injury or illness and the above requirements are met.

NOTICE OF PREDESIGNATION OF PERSONAL PHYSICIAN

Employee: Complete this section

To (name of employer):

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

Doctor/Medical Group:

Street Address, City, State, Zip:

Telephone:

Employee Name:

Employee Address:

Employee Signature:

Date:

(Physician or Designation 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 pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3).

Title 8, California Code of Regulations, section 9783.
DWC Form 9783.1 (July 1, 2014)

Note to Employee: Unless an employee agrees, neither the employer nor ACM shall contact your personal physician to confirm a pre-designation [CCR 9780.1(f)]. If your physician does not sign the above form, other documentation of his/her pre-designation will be required prior to an injury being sustained. If you agree that after receiving this form your employer or ACM may contact your physician to confirm the pre-designation, please sign below:

Employee Signature:

Employee ID #:

Date:

Note to Physician: Workers' compensation medical services are subject to preauthorization of non-emergency services; utilization review; reporting requirements; and the California Official Medical Fee Schedule. The following optional information may assist communication and facilitate the authorization, reporting, recordkeeping and payment process:

Office Manager/Billing Contact:

Phone Number:

Mailing Address (if different from street address):

Fax:

Email:

Physician License #:

Physician Tax I.D. #:

MORE ABOUT MEDICAL CARE

Quality medical treatment is the quickest way to recovery.

Primary Treating Physician (PTP): The doctor with the overall responsibility for your treatment is the primary treating physician (PTP). The PTP decides what kind of medical care you need and when you can return to work. If necessary, the PTP will review your job description and will define any limitations or restrictions that you may have when you go back to work. The PTP will coordinate any care you receive from other medical providers, and, for a serious injury, will write reports about any permanent disability or need for future medical care.

One Time Right to Change PTP: You have the right to change your PTP one time. You can request this change at any time.

Change of PTP: First 30 Days: If you make your request to change PTP during the first 30 days after reporting your injury, you can change to your personal chiropractor or acupuncturist if you have pre-designated this physician.

Change of PTP: After 30 Days: If you have not already used your one-time change of PTP, then thirty (30) days after reporting your injury, you may change to the PTP of your own choice. This can be your personal medical doctor or osteopath, your personal chiropractor, person acupuncturist, or physician of your choice within a reasonable geographic area.

Personal Physician (M.D. or D.O.): If you have a personal physician who is a medical doctor ("M.D.") or osteopath ("D.O."), and you wish to designate this physician to be your PTP, you must do so in writing prior to the injury occurring. The physician

must agree to treat you for a work-related injury or illness prior to the injury.

Medical Provider Network (MPN): Since a MPN is offered by your employer, a network doctor will generally be your PTP for the duration of treatment, though you may switch to another doctor in the network anytime after your first visit. If you want to switch to a chiropractor or acupuncturist, including a personal chiropractor or personal acupuncturist named prior to the injury, he or she must be in the network. Your employer or ACM can provide additional information about the network and your rights under your plan.

Facts About Workers' Compensation

OPTIONAL FORM

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.

Name of Chiropractor or Acupuncturist (D.C., L.Ac.):

Street Address, City, State, Zip:

Telephone:

Employee Name (please print):

Employee's Address:

Employee Signature:

Date:

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

Note to Employee: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

BENEFITS

Medical Care: Medical expenses for reasonable and necessary treatment will be paid directly by ACM on behalf of your employer. Medical bills for authorized care should never be received or paid by you. All bills should be sent to American Claims Management at P.O. Box 85251, San Diego, CA 92186. There is a limit on some medical services.

Temporary Disability: If you are unable to work for more than three days, including weekends, you are entitled to temporary disability (TD) payments to help replace your lost wages. About two weeks after reporting the injury, you'll receive a check from ACM. You will continue to receive TD checks every two weeks after that until the doctors says that you can return to work, or that your medical condition is "permanent and stationary." (Payments will not be made for the first three days, however, unless you're hospitalized as an inpatient or unable to work more than 14 days.) The amount of these checks will be two-thirds of your average wage, subject to minimums and maximums set by State law. There are no deductions and the payments are tax free. Under California law, TD payments for a single injury may not extend for more than 104 compensable weeks within five years from the date of the injury, or for more than 240 weeks within five years from the date of injury for certain specified long-term injuries such as severe burns or chronic lung disease. If the maximum TD payment period is reached before you can return to work or before your medical condition becomes permanent and stationary, you may be able to obtain disability benefits through the California Employment Development Department (EDD). You may also be able to receive these benefits if your TD is delayed or denied.

Permanent Disability: If your doctor says your injury or illness will result in permanent limitations or restrictions in your ability to work, you may receive permanent disability payments. The amount depends on the doctor's report, how much of the permanent disability was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. Your benefit payment also may be affected by whether or not your employer makes a suitable return-to-work offer, and whether or not you accept the offer. The minimum and maximum amounts are set by State law, but if you have a permanent disability, ACM will send a letter explaining how the benefit was calculated. In general, the total amount

is set at a weekly rate spread over a fixed number of weeks. The first payment is due within 14 days after the final temporary disability payment, or if you were not receiving temporary disability payments, 14 days after your doctor says your condition is permanent and stationary. After that, the benefit will be paid every 14 days until you reach the maximum or until you settle your case and receive a lump sum payment.

Death Benefits: If the injury or illness causes death, payments may be made to individuals who were financially dependent on you. These benefits are set by State law and the amount depends on the number of dependents and the date of injury. Workers' compensation also provides a burial allowance.

Supplemental Job Displacement Benefit: Once ACM receives a doctor's report that you have recovered as much as possible from your job injury and your injury results in permanent disability, within 60 days ACM will send a letter advising you whether your employer has a modified job or alternative work available to you. If your employer does not offer modified or alternative work, ACM has 20 days to offer you the Supplemental Job Displacement Benefit. This is a \$6000 non transferable voucher that is to be used at a State accredited school for education-related retraining or skill enhancement. There are limits to how much you can spend for some items, but if you qualify, you'll get information on what types of expenses are covered, the limits, documentation requirements, and deadlines for use of this benefit.

Other Benefits:

To clarify, Workers' Compensation insurance covers on-the-job injuries and illnesses and is paid for entirely by your employer, whereas State Disability insurance (SDI) covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not receiving workers' compensation benefits you could be eligible to receive SDI benefits. To learn more, call the local state Employment Development Disability listed in the government pages of your phone book, or on the web at www.EDD.ca.gov/disability/.

If the state determines that your workers' compensation permanent disability is too low compared to your loss of future earnings, you may qualify for additional money from a Return-to-Work Fund, approved by state lawmakers in 2012. This fund is administered by the Department of Industrial Relations, details on eligibility and how to apply will be included in state regulations. If you believe that you qualify, contact the local DWC Information and Assistance office listed at your workplace or you can call 800.736.7401 or visit the Division of Workers' Compensation web site at www.DWC.ca.gov.

QUESTIONS?

You may direct any and all questions to your supervisor or ACM. ACM's address and phone number is listed at the bottom of this document. You can also contact an information and assistance officer at the State Division of Workers' Compensation (DWC). Information and assistance officers are available at no charge to answer questions, review problems and provide additional written information about workers' compensation. The local office is listed at the end of this document and is posted at your workplace, or you can call 800.736.7401, check the local listing in the white pages of the phone book under State Government Office/Industrial Relations/Workers' Compensation, or go to the DWC Web site at www.dir.ca.gov/dwc.

INFORMATION AND ASSISTANCE OFFICES

Anaheim (714) 414-1801	Los Angeles (213) 576-7389	Riverside (951) 782-4347	San Jose (408) 277-1292
Bakersfield (661) 395-2514	Marina del Rey (310) 482-3820	Sacramento (916) 928-3158	San Luis Obispo (805) 596-4159
Eureka (707) 441-5723	Oakland (510) 622-2861	Salinas (831) 443-3058	Santa Ana (714) 558-4597
Fresno (559) 445-5355	Oxnard (805) 485-3528	San Bernardino (909) 383-4522	Santa Rosa (707) 576-2452
Goleta (805) 968-4158	Pomona (909) 623-8568	San Diego (619) 767-2082	Stockton (209) 948-7980
Long Beach (562) 590-5240	Redding (530) 225-2047	San Francisco (415) 703-5020	Van Nuys (818) 901-5367

Claims Administered by:

American Claims Management

P.O. Box 85251

San Diego, CA 92186

Toll Free 866.671.5042

ACMclaims.com



NON-DISCRIMINATION: It is illegal for your employer to file you or in any way discriminate against you because you file a claim, intend to file a claim, settle a claim, testify or intend to testify for another injured worker. If it is found that your employer discriminated against you, your employer may be ordered to reinstate you to your job, reimburse you for lost wages and employment benefit and pay increased workers' compensation benefit costs and expenses up to maximum amounts set by state law.

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 benefit or payments is guilty of a felony.