

CHOOSING MEDICAL CARE FOR WORK-RELATED INJURIES and ILLNESSES

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 health plan called a Workers' Compensation Health Care Organization, or HCO. This form gives you information about the HCO program, and describes your rights in choosing medical care for work-related injuries and illnesses.

What is an HCO?

A Workers' Compensation Health Care Organization is an organization which has been certified by the State of California Division of Workers' Compensation to provide health care to injured workers. HCOs 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. The HCO must be able to work with employers and workers to improve worksite health and safety.

If you choose an HCO, the HCO will coordinate all aspects of the care for your work injury, including working with your employer to help you get back to work in a job that will not make the injury worse. The HCO must provide information on the services they provide to injured workers and must answer your questions and complaints. By choosing an HCO, you may help your employer save money. There is no cost to you in choosing an HCO.

Choosing an HCO

Your employer ~~must give you a choice of two HCOs~~ has offered you enrollment in an HCO. If your employer's workers' compensation insurance company owns or controls ~~one of the HCOs~~ this HCO, you must have a third choice your employer must tell you this during the enrollment process. Your employer must give you information ~~on each~~ about the HCO before you make a choice.

If you choose to enroll in the ~~an~~ HCO, you must use the HCO for any medical treatment you need as a result of a work injury for at least 90 days after the injury. If you choose an HCO and your employer pays for at least one-half of your health insurance (for non-work injuries), then you must use the HCO for at least 180 days after a work injury. In some HCOs, your own personal physician or chiropractor for your regular health care is available to treat you for work injuries/illnesses. ~~If so, you must use the HCO for one year after a work injury.~~

Choosing Your Own Doctor -- Not in an HCO

If you do not want to be treated by ~~an~~ the HCO after a work injury, you can "designate" your own personal physician or chiropractor who has treated you before and who has your medical records. If you choose your own physician or chiropractor, you may go to him or her any time for treatment of a work injury.

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MAKING YOUR CHOICE
For Workers' Compensation Health Care

Use this form to choose how you want to get medical care if you have a work-related injury or illness. You may choose ~~one of the Workers' Compensation Health Care Organizations~~ Organization offered by your employer, or you may designate your own personal physician or chiropractor. If you choose to designate your own physician or chiropractor, you should do so in the space provided below ~~your employer will give you another form within three days~~. If you do not make one of these choices, your employer will ~~decide where you will~~ enroll you in the HCO in order for you to receive treatment for a work injury or illness.

If you have questions about HCOs or medical treatment after a work injury, you may call an Information and Assistance officer. Find the telephone number in the phone book listed under State of California, Department of Industrial Relations, Division of Workers Compensation. If you have concerns, complaints or questions regarding a specific HCO or the enrollment process you can call 1-800-277-1767.

THIS IS AN IMPORTANT LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS IF YOU HAVE A WORK INJURY.

<p><input type="checkbox"/> I want to enroll in an HCO for my medical care for any work related injury or illness. I have received information about different the <u>Health Care Organizations Organization</u> offered by my employer and want to enroll in: <u>that HCO.</u></p> <hr/> <p style="text-align: center;">(Write in the name of the HCO you have chosen)</p> <p><input type="checkbox"/> I do not want to enroll in an HCO. I want my personal physician or personal chiropractor to treat me for any work-related injury or illness. <u>My personal physician is:</u></p> <hr/> <p style="text-align: center;">(Write in the name and address of your personal physician or chiropractor)</p> <p><input type="checkbox"/> I do not want to enroll in an HCO or designate a personal physician or chiropractor to treat me for any work-related injury or illness. I understand that my employer can choose which <u>will enroll me in the HCO will treat me for treatment of any work-related injury or illness.</u></p>
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(Print) Name of Employee

Signature

Date Signed

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