

**MEDICAL TREATMENT FOR UCD EMPLOYEES
DESIGNATION OF PHYSICIAN FORM**

Prompt medical care is a key element for a fast recovery from an injury or illness. Immediate medical care and medical follow-up can often mean the difference between complete recovery and lasting physical disability. If you become injured at work, NOTIFY YOUR SUPERVISOR IMMEDIATELY. In the Davis area, medical treatment is provided by Employee Health Services, at 501 Oak Avenue. Workers' Compensation can be reached at (530) 752-7243, and is located in the Employee Health Services building.

If you require further medical care, the on-site medical facility will make arrangements for your continuing treatment. If you have a special medical problem, you will be referred to an appropriate medical specialist. Should you desire to change your medical specialist,* contact Octagon Risk Services, Inc., the University's third party administrator for Workers' Compensation, at (916) 929-3506. Designation of a medical specialist does not preclude you from seeking treatment at Employee Health Services.

Thirty (30) days after you report your injury or illness to the University, you may choose your own treating physician.* You should report any change in your treating physician to Octagon Risk Services, Inc. as soon as possible so that your medical bills can be properly considered for payment.

You may also designate your personal physician* (who has treated you in the past and has your medical records) to treat you for the entire period of an injury or illness, including the 30 day period after the injury or illness is reported by filing written notification with the University **prior to the injury or illness**. If you do not file a designation, the University will arrange for your medical care as explained above. The following form is provided for your use in designating your personal physician.

* A medical specialist may be a physician, chiropractor or licensed acupuncturist.



ALL SECTIONS MUST BE FILLED OUT FOR YOUR DESIGNATION TO BE PROCESSED

In the event that I have a job related injury, I request treatment by the following licensed medical specialist who has treated me and who has my medical records.

Employee's Name: _____
Department: _____ Phone: (____) _____
Social Security Number: _____

Physician's Name: <i>(Last/First)</i>		
Physician's Medical Group:		
Physician's Address:		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone (____) _____</i>		

Employee's Signature: _____ Date: _____

This form must be returned to your supervisor to complete your physician designation.
SUPERVISOR: Make a copy for employee and send original to Workers' Compensation, UCD