



Ensure the most current form is submitted. Refer to EMACS Forms/Procedures website.

OCCUPATIONAL INJURY/ILLNESS PERSONAL PHYSICIAN REQUEST

I request the use of my personal physician in the case of occupational injury/illness. **This physician has previously treated me and retains my medical records.**

Your personal physician may treat you initially by completing this form prior to an occupational injury/illness. The personal physician must meet all of the following conditions: The physician must be the employee’s regular physician and/or surgeon, licensed pursuant to the Business and Professions Code; the physician is the employee’s primary care physician and has previously directed the medical treatment of the employee, and who retains the employee’s medical records, including his or her medical history; and the physician agrees to be predesignated.

Note: For the above reasons a chiropractor does not qualify

Must print in Black or Blue ink ONLY

| | | |
|--------------------|----------------|------------------------------|
| Employee ID | Rcd No. | Last Name, First Name |
|--------------------|----------------|------------------------------|

PHYSICIAN INFORMATION

| | |
|--|------------------|
| Last Name, First Name | Telephone |
| Address, City, State, Zip Code | |
| Physician Signature (Mandatory) | Date |

| | |
|---------------------------|-------------|
| Employee Signature | Date |
|---------------------------|-------------|

This document/form incorporates use of e-signatures in accordance with the San Bernardino County Policy #03-12 and Standard Practice 1.

PREDESIGNATION OF PERSONAL PHYSICIAN

1. **Predesignated:** The employee may be treated by a predesignated physician from the date of injury if all of the following requirements have been met:
 - a. If an employee has notified his or her employer in writing prior to the date of injury that he or she has a personal physician, the employee shall have the right to be treated by that physician from the date of injury.
 - b. If the employer provides non-occupational group health coverage and the **physician is within a reasonable geographic area.**
 - c. The physician is the employee's primary care physician who has previously directed the employee's treatment and
 - d. The physician **agrees to be predesignated.**
 - e. For purposes of this section a personal physician shall meet all of the following conditions. The physician is the employee's regular physician and surgeon, licensed pursuant to the Business and Professions Code, the physician is the employee's primary care physician and has previously directed the medical treatment of the employee, and who retains the employee's medical records, including his or her medical history, and the physician agrees to be predesignated.
 - f. The insurer may require prior authorization of any non-emergency treatment or diagnostic service and may conduct reasonably necessary utilization review pursuant to LC section 4610.
 - g. The maximum percentage of all employees that may be predesignated at any time in the state is seven percent.