

- √ You have the **RIGHT** to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- √ You have the **RIGHT** to choose which of the panel providers will treat you for your work-related injury.
- √ You have the **RIGHT** during this 90-day period, to switch from one health care provider on the list to another provider on the list, and treatment shall be paid for by the employer. You have the **RIGHT** to seek treatment from the referral provider if you are referred to him by a designated provider.
- √ You have the **RIGHT** to receive emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period. Non-emergency treatment must be delivered by a listed panel provider.

- √ You have the **Right** to seek an additional opinion from any health care provider of your choice when a designated provider prescribes invasive surgery. If the additional opinion differs from the opinion of the designated provider and that opinion provides a specific and detailed course of treatment, the employee shall determine which course of treatment to follow. If the employee opts to follow the course of treatment outlined by the additional opinion, the treatment shall be performed by one of the health care providers on the employer's designated list for 90 days from the date of the first visit to the provider of the additional opinion.
- √ You have the **DUTY** to obtain treatment for work-related injuries from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- √ You have the **RIGHT** to seek treatment or medical consultation from a non-designated provider during the 90-day period, but that these services shall be at the employee's expense for the applicable 90 days

**Medical Treatment: After the first 90 days**

- √ You have the **RIGHT** to receive treatment from any physician or other healthcare provider of your choice whether or not they are listed by your employer. Your employer must pay for this treatment as long as it is reasonable and necessary for your work-related injury and has been properly documented by the physician or other health care provider.
- √ You have the **DUTY** to notify your employer if you chose to receive treatment from a physician or other healthcare provider who is not on your employers designated panel listing of providers. You must notify your employer within five (5) days of the first visit to any provider who is not on your employer's panel listing. The employer may not be required to pay for treatment until you have given this notice. However, the employer shall pay for these services once notified, unless the treatment is found to be unreasonable.

Your signature on this form indicates that you have been informed of and understand these rights and duties. If you have questions, be sure you have your rights and duties explained to you before signing this form.

I HAVE BEEN INFORMED OF MY MEDICAL TREATMENT RIGHTS AND DUTIES WITH REGARD TO WORK-RELATED INJURIES AND OCCUPATIONAL ILLNESSES. THIS NOTICE WAS PRESENTED TO ME AT (check one):

Time of hire                       When I was injured                       Other \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name (please Print): \_\_\_\_\_

Employer Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_