

**DESIGNATION OF PHYSICIAN**

Instructions: Please read carefully. Complete and return this form to the Workers' Compensation Office. If you have any questions, please call Workers' Compensation at x8050.

**MEDICAL TREATMENT FOR ON-THE-JOB INJURIES**

Prompt medical care is a key element for a fast recovery from an injury or illness. Quality emergency care and medical follow-up can often mean the difference between complete recovery from an injury or illness or a lasting physical disability. If you become injured at work, **GET EMERGENCY MEDICAL CARE IMMEDIATELY**. You should ask your supervisor for the location of the medical facility designated for this purpose. After obtaining emergency treatment, you should report your injury to your supervisor as quickly as possible.

If you require further medical care, the designated medical facility can make arrangements for additional treatment. If you have a special medical problem, the designated facility can refer you to a local medical specialist. Should you desire to change doctors, please contact Sedgwick CMS (Claims Management Services) directly.

Thirty (30) days after you report your injury or illness to the University, you may choose your own treating doctor. Such choices should be made wisely. You should report any change in your treating doctor to Sedgwick CMS as soon as possible so that your medical bills can be properly considered for payment.

Employees may also designate a physician who has treated them in the past and has their medical records to treat them for the entire period of their injury or illness, including the thirty (30) day period after the injury or illness is reported. This can be accomplished by filing a 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.

**NEVER TREAT YOURSELF** – Even minor injuries require proper medical care. Prompt, quality medical treatment is an investment in your good health.

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In the event I have a job-related injury, I request treatment by the following physician, who has treated me in the past and who has my medical records.

**Physician Information**

Physician's Name	Physician's Telephone #
Physician's Address	

**Employee Information**

Name of Employee (please print)	Employee ID#
Employee's Signature	Date

**Mail completed form to:**

UCSB Workers' Compensation 565 Mesa Road Santa Barbara, CA 93106-5132  <b>Or fax to:</b> 805-893-8521
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