

## NOTIFICATION OF MEDICAL PROVIDER NETWORK (MPN)

Date: \_\_\_\_\_

### To All Employees:

Our Workers' Compensation carrier has changed. Please read the following information, sign and return this form to \_\_\_\_\_ as soon as possible.

The \_\_\_\_\_ MPN; will no longer be used for work injuries arising after \_\_\_\_\_. You will not continue to use this MPN to obtain care for work injuries occurring after this date. You may obtain more information at \_\_\_\_\_

For new injuries that occur when you are not covered by an MPN, you have the right to choose your physician 30 days after you notify your employer of your injury.

Unless you predesignate a physician or medical group, your new work injuries arising on or after \_\_\_\_\_ will be treated by providers in a new Medical Provider Network; "The Care West Medical Provider Network." If you have an existing injury, you may be required to continue care under your prior MPN or to change to a provider in the new MPN, check with your claims adjuster. You may obtain more information about the MPN from The Care West MPN, P.O. 277550 Sacramento, Ca. 95827 Phone: 916 605-5197, or 866 849-4344.

[www.carewestins.com](http://www.carewestins.com)

I \_\_\_\_\_ acknowledge that I have received and understand the above information.

SIGN: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

(Employer please be sure to keep one copy for your records and give a copy to the employee)