



MEMORANDUM



DATE: January 30, 2007
TO: Return-to-Work Coordinators
FROM: Tracy Caldwell
Workers' Compensation Analyst
Benefits Division
(916) 445-9760 (916) 324-3213 fax
SUBJECT: Sample Medical Authorization

As you know, agencies are required to authorize medical treatment within one day of receiving a Workers' Compensation Claim Form (DWC 1, SCIF 3301). Subsequent medical authorization will come directly from State Compensation Insurance Fund.

Attached please find a sample medical authorization letter that you can put on your department letterhead and customize to authorize the first doctor visit when notified of a work related injury.

This is not an official form and you are not required to use this letter, or any other letter. You are only required to authorize treatment and that authorization can be done in any manner you choose (phone call, fax, memo, etc).

If you have any questions, please contact Tracy Caldwell at tracycaldwell@calhr.ca.gov

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Date

Physician Name
Address
City, State, ZIP

Employee Name:
Date of Injury:
Type of Injury Reported:

Dear Doctor

The above employee has submitted an employee claim form, DWC-1 received on (date). As required and limited by Labor Code 5402, this letter provides authorization of medical treatment for the alleged injury until their claim is accepted or rejected by our adjusting agency, State Compensation Insurance Fund; subject to all statutory limitations. If necessary, you will be notified when a liability decision is determined.

Currently there is a maximum limitation on treatment under this authorization totaling \$10,000. All treatment provided shall be in accordance with the medical treatment utilization schedule established pursuant to Labor Code 5307.27 or the American College of Occupational Medicine's Occupational Medicine Practice Guidelines as appropriate. All requests for treatment authorization need to be made to State Compensation Insurance Fund.

Please be advised that the State of California has established a Medical Provider Network and requires our employees to select physicians within the Network, unless they have pre-designated their personal treating physician with our agency.

This authorization for treatment is provided under Labor Code Section 5402; and does not give rise to a presumption of liability on the part of the employing agency.

You are 1) the employee's pre-designated treating physician, 2) the employer's designated primary care facility, or 3) the physician our employee selected from our Medical Provider Network.

RETURN TO WORK COORDINATOR OR DESIGNATED INDIVIDUAL FROM THE AGENCY SHOULD SIGN (with their title) AND PROVIDE THEIR PHONE NUMBER FOR CONTACT.

cc: State Compensation Insurance Fund
Applicant Attorney if known