



# MEDICAL TREATMENT AUTHORIZATION FORM

## To Be Completed by Employer:

<b>MEDICAL FACILITY:</b> *See designated medical panel clinic listing		<b>DATE:</b>	
<b>ADDRESS:</b>			
<b>TELEPHONE:</b>		<b>FAX:</b>	

This authorization is issued to you to provide initial medical treatment to the employee named below who has reported an occupational injury.

<b>EMPLOYEE NAME:</b>		<b>SS #:</b>	
<b>ADDRESS:</b>			
<b>OCCUPATION:</b>		<b>DATE OF INJURY:</b>	
<b>TIME OF INJURY:</b>		<b>TYPE OF INJURY:</b>	
<b>WAY INJURY OCCURRED:</b>			

### Employer

San Mateo County Community College District  
3401 CSM Drive  
San Mateo, CA 94402  
Tel: (650) 358-6724  
Fax: (650) 574-6574  
Attn: Ingrid Melgoza,  
Human Resources Specialist

### Workers' Compensation Administrator

Sedgwick Claims Management Services  
P. O. Box 14154  
Lexington, KY 40512-4479  
Tel: (877) 809-9478  
Fax: (510) 302-3264  
Attn: Michelle Snyder,  
Claims Examiner

## Instructions to Medical Provider:

1. Call the employer contact named above immediately to discuss availability of modified duty if the employee has any injury-related physical restrictions that may affect the employee's ability to return to full duty.
2. Send the completed Doctor's First Report (5021), all medical bills and corresponding reports to Sedgwick Claims Management Service at the address listed above.
3. Contact Sedgwick Claims Management Service immediately if any of the following apply:
  - Questionable Injury
  - Consultation Request
  - Diagnostic Imaging Request
  - Surgery/Hospitalization Request

Contact Sedgwick Claims Management Service Utilization Review (916) 851-8028,  
Fax: (916) 851 8076 for authorization requests.

# SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT WORKERS' COMPENSATION MEDICAL PANEL

## DESIGNATED

### MEDICAL FACILITIES

Rev. Oct 2017

#### **US HealthWorks Medical Group**

192 Beacon St.

South San Francisco, CA 94080

Tel: (650) 589-6500

Fax: (661) 678-4564

Monday - Friday: 8:00a.m. – 5:00p.m.

#### **US HealthWorks Medical Group**

125 Shoreway Rd Suite A

San Carlos, CA 94070

Tel: (650) 556-9420

Fax: (661) 678-2779

Monday - Friday: 8:00a.m. - 5:00p.m.

## 24-HOUR EMERGENCY FACILITIES

The facilities listed below are optional 24-hour emergency situations near our colleges that offer 24-hour emergency services. In an emergency situation you should go to the nearest emergency facility.

An emergency situation is one that is LIFE THREATENING or which involves a severed member, permanent disfigurement, or risk of loss of your eyesight.

#### *Seton Medical Center Emergency Dept.*

1900 Sullivan Avenue

Daly City, CA 94015

Tel: (650) 692-4000

#### *Peninsula Medical Center Emergency Dept.*

1783 El Camino Real

Burlingame, CA 94010

Tel: (650) 696-5400

#### *Mills Health Center Emergency Dept.*

100 South San Mateo Drive,

San Mateo, CA 94401

Tel: (650) 696-4500

#### *Sequoia Hospital Emergency Room*

170 Alameda de las Pulgas

Redwood City, CA 94062

Tel: (650) 367-5541

## SCHOOL MEDICAL PANEL

Labor Code Section 4600 provides that any reasonably required medical treatment necessary to cure or relieve the effects of a work related injury or illness will be provided by the employer at no charge to the employee. For the first thirty (30) days from the date of injury, the employer has the right to select the physician(s) who will provide the mandated medical treatment. If the injured worker is not satisfied with the initial treating physician, he/she may elect to transfer treatment to a physician of his/her choosing after thirty (30) days.

To facilitate and promote compliance with the Labor Code, this Medical Panel is provided to readily identify those physicians and medical facilities which have received specific authorization to treat school district injured workers.

Additionally, any employee has the right to pre-designate a PERSONAL PHYSICIAN by submitting, in writing to the employer prior to any injury in question, the name, address, and phone number of the physician who has treated the employee in the past, possesses the employee's medical history, and some or all of the employee's medical records.

Whoever is selected to provide medical treatment for a work injury must adhere to all provisions of the mandates relating to the reporting of and billing for work injuries and illnesses.

The treating physician, inquiries, request for payment, medical reports, etc., should be directed to:

#### **Sedgwick Claims Management Services**

**P.O. Box 14154, Lexington, KY 40512-4479**

**Tel: (866) 554-6477 Fax: (916) 851-8076**