



CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP
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STATEMENT OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. If you do not have this *Notice of Personal Chiropractor or Personal Acupuncturist* on file prior to your work-related injury or illness, your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

You may use this form to notify your employer of your personal chiropractor or acupuncturist.

TO _____ **DISTRICT** _____
FROM _____ **Social Security Number** _____
Work Site _____ **Position/Classification** _____

Chiropractor or Acupuncturist Name (_____) _____ **Phone Number**

Name of Chiropractor or Acupuncturist Business and Address

Employee's Name (please print) _____ **Employee's Signature**

Date

Employee Address

THIS FORM MUST BE ON FILE WITH THE DISTRICT WORKERS' COMPENSATION OFFICE PRIOR TO SEEING THE ABOVE LISTED PHYSICIAN FOR A WORK-RELATED INJURY.

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