



Work-Related Injury Reporting

The most important step in dealing with an employee injured on the job is getting him or her appropriate medical care. Next is making certain that the claim is reported immediately. The sooner claims are reported the better the outcome for both the injured worker and the Archdiocese.

Ways to Report a Claim:

Online

1. Contact Steve Miles to obtain a user name and password. Contact Steve at (661) 775-4095
2. Go to www.yorkrsg.com and click on CLAIMS CONNECT ACCESS & CALIFORNIA 5020
3. Enter your USER NAME & PASSWORD information and LOGIN
4. Click on SUBMIT A NEW 5020
5. After you have completed 5020 either:
 - a) Submit New Loss
 - b) Save as Incomplete
 - c) Exit (will not save your 5020)

If you need assistance, please contact York, Steve Miles at (661) 775-4095.

By Fax

Fax sheets are included in the claims kit. All fax should be sent to (866) 548-2637.

By Phone

Call (800) 246-9700 ext 4817.

The following information will assist in getting claims set up accurately and timely:

Employer Information

- Employer Name
- Location

Injured Worker Information

- Name, Date of Birth, Address, Phone Number
- Social Security Number
- Age, Gender

- Marital Status, Number of Dependents
- Hire Date, Years in Current Position
- Current Wage Information

Details of Incident

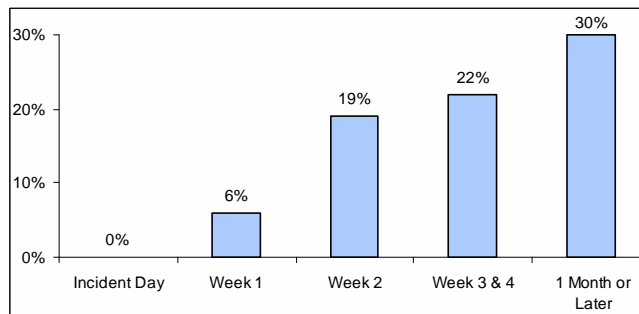
- When was the accident reported to you and by whom (date, time)?
- Address where injury occurred?
- Type of injury (burn, cut, etc.)?
- Exact body part injured?
- What was the cause of the accident (slip & fall, struck by object, etc.)?
- Do you have any reason to question this injury?
- What are the estimated number of days the employee will lose due to the injury?

Finding Medical Providers

WellComp Managed Care Services is an affiliate of York which includes Medical Management Services for injured employees. The WellComp website, www.WellComp.com, allows the injured worker easy access to the many medical providers in your area. Instructions and contact information is included in the claims kit.

Effect of Timely Reporting on Loss Costs

Early reporting of claims is essential to both the injured worker and the employer. Employees return to work sooner and medical costs are reduced.



Includes Medical Only and Lost Time Claims



York Risk Services Group

PO Box 619079

Roseville, CA 95661

Telephone (661) 775-9550 or Toll Free (888) 644-2635

FAX (866) 548-2637

Claim Intake Center Only (800) 246-9700 ext. 4817

Claims Kit Contents & Instructions

WORKERS' COMPENSATION INJURY REPORT KIT

These materials are to be used to report an on-the-job injury or illness.

INJURIES MUST BE REPORTED WITHIN 24 HOURS!

1. **EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS (DWC-1)**
(Can be photocopied, in its entirety)

The Employer provides this form to the injured Employee within twenty-four (24) hours of knowledge of Injury.

- A. Employee completely reads and fills-in #s 1-8
- B. Employee keeps the green copy and returns the other copies to the Employer.
- C. The Employer completes #s 9-18
(Note #14 is York)
- D. The Employer sends the yellow copy to York and keeps the other copies on file.

2. **MEDICAL CARE**

In an emergency, please contact 911. Otherwise, refer to the employee to one of the facilities identified on the enclosed Medical Care Location sheet. You can also find providers online at www.wellcomp.com

3. **REPORT OF OCCUPATIONAL INJURY OR ILLNESS (5020)**

Within 24 hours of your knowledge, report the claim to York by faxing a copy of the 5020 to our set-up desk at (661) 775-9554. A fax cover sheet has been included in this package for your convenience.

In an effort to go paperless and streamline the reporting process, employers are encouraged to report an occupational injury or illness via our secure internet site. York electronically submits your 5020 to the State of California. Contact your Unit Manager for further information or visit www.yorkisg.com and select Claims Connect Access.

4. **FAX COVER SHEET**

Please use this fax cover sheet when sending claims related documents to York, such as a 5020, DWC-1, or wage statements.

5. **POSTING NOTICES ARE ALSO PROVIDED IN THIS PACKAGE. IMMEDIATELY DISPLAY THESE NOTICES IN A LOCATION THAT IS EASILY SEEN BY ALL EMPLOYEES!!**

REMEMBER!
A copy of item 1
MUST be sent to York

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

JUEGO DE FORMULARIOS DE INFORME DE LESION DE LA COMPENSACION PARA LOS TRABAJADORES

Este material debe ser usado para reportar un accidente en el trabajo.

LESIONES DEBEN SER REPORTADAS EN 24 HORAS A MAS TARDAR!

1. **RECLAMO DEL EMPLEADO PARA BENEFICIOS DE COMPENSACION DEL TRABAJADOR (DWC-1)**
(Puede ser fotocopiado, en su totalidad)

El patron le da este formulario al empleado dentro de los 24 horas siguientes al enterarse de la lesion del empleado.

- A. El empleado lee y llena por completo los numeros 1 - 8.
- B. El empleado se queda con la copia verde y le regresa las otras copias al patron.
- C. El patron llena los numeros 9 - 18. (el numero 14 es York)
- D. El patron manda la copia amarilla a York y se queda con las otras copias.

2. **EI CUIDADO MEDICO**

En una emergencia, contacta por favor 911. De otro modo, se refiere al empleado a uno de las facilidades identificadas en la hoja Médica encerrada de la Ubicación del Cuidado. You can also find providers online at www.wellcomp.com

3. **REPORTE DE LESION O ENFERMEDAD OCUPACIONAL (5020)**

Dentro de 24 horas de su conocimiento, informe el reclamo a York telecopiando una copia del 5020 a nuestro escritorio del arreglo en (661) 775-9554. Una hoja de la cobertura del fax ha sido incluida en este paquete para su conveniencia.

En un esfuerzo de usar menos papel y carenar el proceso que informa, los empleadores son alentados a informar una herida o la enfermedad profesionales via nuestro sitio seguro de internet. York se somete electrónicamente su 5020 al Estado de California. Contácte a su Director/Directora de cuenta para la información adicional o la visita www.yorkisg.com y selecciona Acceso de Cliente

4. **TELECOPIE COBERTURA HOJA**

Utiliza por favor esta hoja de cobertura de fax al enviar reclamos relacionaron documentos a York, como un 5020, DWC -1, o declaraciones de sueldo.

5. **CARTELES DE AVISO TAMBIEN SON PROPORCIONADOS EN ESTE PAQUETE. DESPLIEGUE A ESTOS AVISOS DE INMEDIATIQ, EN UN LUGAR QUE ESTA FACILMENTE A LA VISTA DE TODOS LOS EMPLEADOS!!**

RECUERDE!
Una copia del articulo 1 TIENE
que ser MANDADA a York

Toda aquella persona que sabie'ndolo haga o cause que se produzca cualquier falsas o fraudulentas alegaciones o representaciones con el fin de obtener o negar beneficios o pagos de compensación de trabajadores lesionados es culpable de un crimen mayor.



How to Navigate the Network

You may log on to www.WellComp.com and select [Search WellComp](#).

You will need to enter your Employer name which is **Archdiocese**. Select from the options, **“Archdiocese of Los Angeles”**. From the list provided, select **“Find a Provider”**. Click **continue** when the Archdiocese of Los Angeles address appears on the screen. This option will take you to the WellComp search screen. You will need to click on and enter your City, Zip Code or Area Code to find providers in your area. Press [Find Your Provider](#) to generate a list of providers within 15 miles of your designated City, Zip or Area Code. If you do not change the search selection to City, Zip or Area code, your search will default to the Diocese main location in Los Angeles.

You may customize your physician search either by increasing or decreasing the drop down radius and/or selecting a physician specialty in the specialty drop down menu. You may also choose to search for physicians by name instead of location by choosing and clicking the “by name” option on the left in the blue box. Once you have entered your search parameters, click on [Find Your Provider](#). Your search results will show on the screen including number of pages your search produced.

Once you have identified a list of physicians, you will find that you have all information needed to contact the provider, from city and phone to specialty. You may click on any of the sub titles in the blue bar above the search results to sort by that category. For example, click on [city](#) and you will have your search results sorted alphabetically by city. This same feature can be used to sort by name, phone and specialty. UC is urgent care and can be clicked to identify all urgent care facilities equipped to see patients without appointments, further identified by a red dot. For address information you may click on the physician and detailed information, including maps will be available for your viewing and printing options.

Helpful hints:

- We recommend that you first search *all providers* then narrow your search to specialty physicians.
- Keeping your radius search low in metropolitan areas will help reduce the number of pages your results produce. Increasing the radius in rural areas will provide greater options.
- Additional information can be found under [Downloads](#) and [Contact Us](#)

If you need assistance finding a provider or UC location you may contact WellComp directly.

WellComp MPN Services: 800.544.8150



YORK RISK SERVICES GROUP

FACSIMILE TRANSMITTAL SHEET

TO: Set-up Desk	FROM:
COMPANY: ADLA – Client #3810	DATE:
FAX NUMBER: (866) 548-2637	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: New Claim	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Attached are the following documents:

- **Employers First Report of Injury (5020)**

- **Employee Claim Form (DWC-1)**

- **Wage Statement – 12 months from Date of Injury**

Notice of Confidentiality: This transmission (including attachments) contains information that may be privileged, confidential and protected from disclosure. Unless you are the intended recipient of the message (or are authorized to receive it for the intended recipient), you may not copy, forward or otherwise use it, or disclose it or its contents to anyone. If you received this transmission in error, please notify us immediately, permanently delete the transmission (including attachments), and destroy all hard copies. Thank you.

PO BOX 619079 ROSEVILLE, CA 95661
(661) 775-9550 OR TOLL FREE (888) 644-2635
FAX (866) 548-2637
CLAIM INTAKE CENTER ONLY – (800) 246-9700 EXT.4817

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



If you are injured or become ill, either physically or mentally, because of your job, including injuries resulting from a workplace crime, you may be entitled to workers' compensation benefits. Attached is the form for filing a workers' compensation claim with your employer. **You should read all of the information below.** Keep this sheet and all other papers for your records. You may be eligible for some or all of the benefits listed depending on the nature of your claim. If required you will be notified by the claims administrator, who is responsible for handling your claim, about your eligibility for benefits.

To file a claim, complete the "Employee" section of the form, keep one copy and give the rest to your employer. Your employer will then complete the "Employer" section, give you a dated copy, keep one copy and send one to the claims administrator. Benefits can't start until the claims administrator knows of the injury, so complete the form as soon as possible.

Medical Care: Your claims administrator will pay all reasonable and necessary medical care for your work injury or illness. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your claims administrator will pay the costs directly so you should never see a bill. For injuries occurring on or after 1/1/04, there is a limit on some medical services.

The Primary Treating Physician (PTP) is the doctor with the overall responsibility for treatment of your injury or illness. Generally your employer selects the PTP you will see for the first 30 days, however, in specified conditions, you may be treated by your pre-designated doctor. If a doctor says you still need treatment after 30 days, you may be able to switch to the doctor of your choice. Special rules apply if your employer offers a Health Care Organization (HCO) or after 1/1/05, has a medical provider network. Contact your employer for more information. If your employer has not put up a poster describing your rights to workers' compensation, you may choose your own doctor immediately.

Within one working day after an employee files a claim form, the employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for the alleged injury and shall continue to provide treatment until the date that liability for the claim is accepted or rejected. Until the date the claim is accepted or rejected, liability for medical treatment shall be limited to ten thousand dollars (\$10,000).

Disclosure of Medical Records: After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that you usually expect. If you don't agree to voluntarily release medical records, a workers' compensation judge may decide what records will be released. If you request privacy, the judge may "seal" (keep private) certain medical records.

Payment for Temporary Disability (Lost Wages): If you can't work while you are recovering from a job injury or illness, you will receive temporary disability payments. These payments may change or stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, within minimums and maximums set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized overnight or cannot work for more than 14 days.

Si Ud. se lesiona o se enferma, ya sea física o mentalmente, debido a su trabajo, incluyendo lesiones que resulten de un crimen en el lugar de trabajo, es posible que Ud. tenga derecho a beneficios de compensación para trabajadores. Se adjunta el formulario para presentar un reclamo de compensación para trabajadores con su empleador. **Ud. debe leer toda la información a continuación.** Guarde esta hoja y todos los demás documentos para sus archivos. Es posible que usted reúna los requisitos para todos los beneficios, o parte de éstos, que se enumeran, dependiendo de la índole de su reclamo. Si se requiere, el/la administrador(a) de reclamos, quien es responsable del manejo de su reclamo, le notificará a usted, lo referente a su elegibilidad para beneficios.

Para presentar un reclamo, complete la sección del formulario designada para el "Empleado", guarde una copia, y déle el resto a su empleador. Entonces, su empleador completará la sección designada para el "Empleador", le dará a Ud. una copia fechada, guardará una copia, y enviará una al/a la administrador(a) de reclamos. Los beneficios no pueden comenzar hasta, que el/la administrador(a) de reclamos se entere de la lesión, así que complete el formulario lo antes posible.

Atención Médica: Su administrador(a) de reclamos pagará toda la atención médica razonable y necesaria, para su lesión o enfermedad relacionada con el trabajo. Es posible que los beneficios médicos incluyan el tratamiento por parte de un médico, los servicios de hospital, la terapia física, los análisis de laboratorio y las medicinas. Su administrador(a) de reclamos pagará directamente los costos, de manera que usted nunca verá un cobro. Para lesiones que ocurren en o después de 1/1/04, hay un límite de visitas para ciertos servicios médicos.

El Médico Primario que le Atiende-Primary Treating Physician PTP es el médico con toda la responsabilidad para dar el tratamiento para su lesión o enfermedad. Generalmente, su empleador selecciona al *PTP* que Ud. verá durante los primeros 30 días. Sin embargo, en condiciones específicas, es posible que usted pueda ser tratado por su médico pre-designado. Si el doctor dice que usted aún necesita tratamiento después de 30 días, es posible que Ud. pueda cambiar al médico de su preferencia. Hay reglas especiales que son aplicables cuando su empleador ofrece una Organización del Cuidado Médico (HCO) o después de 1/1/05 tiene un Sistema de Proveedores de Atención Médica. Hable con su empleador para más información. Si su empleador no ha colocado un poster describiendo sus derechos para la compensación para trabajadores, Ud. puede seleccionar a su propio médico inmediatamente.

El empleador autorizará todo tratamiento médico consistente con las directivas de tratamiento aplicables a la lesión o enfermedad, durante el primer día laboral después que el empleado efectúa un reclamo para beneficios de compensación, y continuará proveyendo este tratamiento hasta la fecha en que el reclamo sea aceptado o rechazado. Hasta la fecha en que el reclamo sea aceptado o rechazado, el tratamiento médico será limitado a diez mil dólares (\$10,000).

Divulgación de Expedientes Médicos: Después de que Ud. presente un reclamo para beneficios de compensación para los trabajadores, sus expedientes médicos no tendrán la misma privacidad que usted normalmente espera. Si Ud. no está de acuerdo en divulgar voluntariamente los expedientes médicos, un(a) juez de compensación para trabajadores posiblemente decida qué expedientes se revelarán. Si Ud. solicita privacidad, es posible que el/la juez "selle" (mantenga privados) ciertos expedientes médicos.

Pago por Incapacidad Temporal (Sueldos Perdidos): Si Ud. no puede trabajar, mientras se está recuperando de una lesión o enfermedad relacionada con el trabajo, Ud. recibirá pagos por incapacidad temporal. Es posible que estos pagos cambien o paren, cuando su médico diga que Ud. está en condiciones de regresar a trabajar. Estos beneficios son libres de

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility

Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



Return to Work: To help you to return to work as soon as possible, you should actively communicate with your treating doctor, claims administrator, and employer about the kinds of work you can do while recovering. They may coordinate efforts to return you to modified duty or other work that is medically appropriate. This modified or other duty may be temporary or may be extended depending on the nature of your injury or illness.

Payment for Permanent Disability: If a doctor says your injury or illness results in a permanent disability, you may receive additional payments. The amount will depend on the type of injury, your age, occupation, and date of injury.

Vocational Rehabilitation (VR): If a doctor says your injury or illness prevents you from returning to the same type of job and your employer doesn't offer modified or alternative work, you may qualify for VR. If you qualify, your claims administrator will pay the costs, up to a maximum set by state law. VR is a benefit for injuries that occurred prior to 2004.

Supplemental Job Displacement Benefit (SJDB): If you do not return to work within 60 days after your temporary disability ends, and your employer does not offer modified or alternative work, you may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. If you qualify, the claims administrator will pay the costs up to the maximum set by state law based on your percentage of permanent disability. SJDB is a benefit for injuries occurring on or after 1/1/04.

Death Benefits: If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the deceased worker.

It is illegal for your employer to punish or fire you for having a job injury or illness, for filing a claim, or testifying in another person's workers' compensation case (Labor Code 132a). If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

You have the right to disagree with decisions affecting your claim. If you have a disagreement, contact your claims administrator first to see if you can resolve it. If you are not receiving benefits, you may be able to get State Disability Insurance (SDI) benefits. Call State Employment Development Department at (800) 480-3287.

You can obtain free information from an information and assistance officer of the State Division of Workers' Compensation, or you can hear recorded information and a list of local offices by calling **(800) 736-7401**. You may also go to the DWC web site at www.dir.ca.gov. Link to Workers' Compensation.

You can consult with an attorney. Most attorneys offer one free consultation. If you decide to hire an attorney, his or her fee will be taken out of some of your benefits. For names of workers' compensation attorneys, call the State Bar of California at (415) 538-2120 or go to their web site at www.californiaspecialist.org.

impuestos. Los pagos por incapacidad temporal son dos tercios de su pago semanal promedio, con cantidades mínimas y máximas establecidas por las leyes estatales. Los pagos no se hacen durante los primeros tres días en que Ud. no trabaje, a menos que Ud. sea hospitalizado(a) de noche, o no pueda trabajar durante más de 14 días.

Regreso al Trabajo: Para ayudarle a regresar a trabajar lo antes posible, Ud. debe comunicarse de manera activa con el médico que le atiende, el/la administrador(a) de reclamos y el empleador, con respecto a las clases de trabajo que Ud. puede hacer mientras se recupera. Es posible que ellos coordinen esfuerzos para regresarle a un trabajo modificado, o a otro trabajo, que sea apropiado desde el punto de vista médico. Este trabajo modificado, u otro trabajo, podría extenderse o no temporalmente, dependiendo de la índole de su lesión o enfermedad.

Pago por Incapacidad Permanente: Si el doctor dice que su lesión o enfermedad resulta en una incapacidad permanente, es posible que Ud. reciba pagos adicionales. La cantidad dependerá de la clase de lesión, su edad, su ocupación y la fecha de la lesión.

Rehabilitación Vocacional: Si el doctor dice que su lesión o enfermedad no le permite regresar a la misma clase de trabajo, y su empleador no le ofrece trabajo modificado o alterno, es posible que usted reúna los requisitos para rehabilitación vocacional. Si Ud. reúne los requisitos, su administrador(a) de reclamos pagará los costos, hasta un máximo establecido por las leyes estatales. Este es un beneficio para lesiones que ocurrieron antes de 2004.

Beneficio Suplementario por Desplazamiento de Trabajo: Si Ud. no vuelve al trabajo en un plazo de 60 días después que los pagos por incapacidad temporal terminan, y su empleador no ofrece un trabajo modificado o alterno, es posible que usted reúna los requisitos para recibir un vale no-transferible pagadero a una escuela para recibir un nuevo entrenamiento y/o mejorar su habilidad. Si Ud. reúne los requisitos, el administrador(a) de reclamos pagará los costos hasta un máximo establecido por las leyes estatales basado en su porcentaje de incapacidad permanente. Este es un beneficio para lesiones que ocurren en o después de 1/1/04.

Beneficios por Muerte: Si la lesión o enfermedad causa la muerte, es posible que los pagos se hagan a los parientes o a las personas que vivan en el hogar, que dependían económicamente del/de la trabajador(a) difunto(a).

Es ilegal que su empleador le castigue o despidan, por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por atestiguar en el caso de compensación para trabajadores de otra persona. (El Código Laboral sección 132a). Si es probado, puede ser que usted reciba pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios, y gastos hasta un límite establecido por el estado.

Ud. tiene derecho a estar en desacuerdo con las decisiones que afecten su reclamo. Si Ud. tiene un desacuerdo, primero comuníquese con su administrador(a) de reclamos, para ver si usted puede resolverlo. Si usted no está recibiendo beneficios, es posible que Ud. pueda obtener beneficios de Seguro Estatal de Incapacidad (SDI). Llame al Departamento Estatal del Desarrollo del Empleo (EDD) al (800) 480-3287.

Ud. puede obtener información gratis, de un oficial de información y asistencia, de la División estatal de Compensación al Trabajador (*Division of Workers' Compensation - DWC*), o puede escuchar información grabada, así como una lista de oficinas locales, llamando al **(800) 736-7401**. Ud. también puede ir al sitio electrónico en el Internet de la DWC en www.dir.ca.gov. Enlázese a la sección de Compensación para Trabajadores.

Ud. puede consultar con un(a) abogado(a). La mayoría de los abogados ofrecen una consulta gratis. Si Ud. decide contratar a un(a) abogado(a), sus honorarios se tomarán de sus beneficios. Para obtener nombres de abogados de compensación para trabajadores, llame a la Asociación Estatal de Abogados de California (*State Bar*) al (415) 538-2120, ó vaya a su sitio electrónico en el Internet en www.californiaspecialist.org.



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la Division de Compensación al Trabajador al (800) 736-7401 para oír información gravada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above Empleado—complete esta sección y note la notación arriba.

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión (accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and see note below. Empleador—complete esta sección y note la notación abajo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
15. Insurance Policy Number. *El número de la póliza de Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

- Employer copy/Copia del Empleador Employee copy/ Copia del Empleado Claims Administrator/Administrador de Reclamos Temporary Receipt/Recibo del Empleado

State of California	Please complete in triplicate (type, if possible). Mail two copies to:	OSHA Case No.
EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS	York Risk Services Group 25379 Wayne Mills Place, #450, Valencia, CA 91355 (661) 775-9550 Fax: (866) 548-2637	Fatality <input type="checkbox"/>

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health.

E M P L O Y E R	1. FIRM NAME	1A. POLICY NUMBER	Please do not use this column
	2. MAILING ADDRESS (Number, Street, City, Zip)	2A. PHONE NUMBER	CASE NUMBER
	3. LOCATION if different from Mailing Address (Number, Street, City and Zip)	3A. LOCATION CODE	OWNERSHIP
	4. NATURE OF BUSINESS; e.g. Painting contractor, wholesale grocer, sawmill, hotel, etc.	5. STATE UNEMPLOYMENT INSURANCE ACCT. NO.	INDUSTRY
6. TYPE OF EMPLOYER <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> School District <input type="checkbox"/> OTHER GOVERNMENT - SPECIFY _____			OCCUPATION

I N J U R Y O R I L L N E S S	7. DATE OF INJURY / ONSET OF ILLNESS (mm / dd / yy)	8. TIME INJURY/ILLNESS OCCURRED _____ AM _____ PM	9. TIME EMPLOYEE BEGAN WORK _____ AM _____ PM	10. IF EMPLOYEE DIED, DATE OF DEATH (mm / dd / yy)	SEX
	11. UNABLE TO WORK FOR AT LEAST ONE FULL DAY AFTER DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	12. DATE LAST WORKED (mm / dd / yy)	13. DATE RETURNED TO WORK (mm / dd / yy)	14. IF STILL OFF WORK, CHECK THIS BOX <input type="checkbox"/>	
	15. PAID FULL DAYS WAGES FOR DATE OF INJURY OR LAST DAY WORKED? <input type="checkbox"/> YES <input type="checkbox"/> NO	16. SALARY BEING CONTINUED? <input type="checkbox"/> YES <input type="checkbox"/> NO	17. DATE OF EMPLOYER'S KNOWLEDGE NOTICE OF INJURY/ILLNESS (mm / dd / yy)	18. DATE EMPLOYEE WAS PROVIDED CLAIM FORM (mm / dd / yy)	DAILY HOURS
	19. SPECIFIC INJURY/ILLNESS AND PART OF BODY AFFECTED, MEDICAL DIAGNOSIS if available, e.g., Second degree burns on right arm, tendonitis on left elbow, lead poisoning				
	23. LOCATION WHERE EVENT OR EXPOSURE OCCURRED (Number, Street, City, Zip)	23a. COUNTY	21. ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		DAYS PER WEEK
	22. DEPARTMENT WHERE EVENT OR EXPOSURE OCCURRED, e.g., Shipping department, machine shop.		23. Other Workers Injured/DI in this event? <input type="checkbox"/> YES <input type="checkbox"/> NO		WEEKLY HOURS
	24. EQUIPMENT, MATERIALS AND CHEMICALS THE EMPLOYEE WAS USING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Acetylene, welding torch, farm tractor, scaffold.				
	25. SPECIFIC ACTIVITY THE EMPLOYEE WAS PERFORMING WHEN EVENT OR EXPOSURE OCCURRED, e.g., Welding seams of metal frame, loading boxes onto truck.				
	26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS. e.g., Worker stepped back to inspect work and slipped on scrap material. As he fell, he crushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY.				
	27. NAME AND ADDRESS OF PHYSICIAN (Number, Street, City, Zip)			27a. Phone Number	PART OF BODY
28. HOSPITALIZED AS AN INPATIENT OVERNIGHT? <input type="checkbox"/> NO <input type="checkbox"/> YES if yes then, NAME AND ADDRESS OF HOSPITAL (Number, Street, City, Zip)			28a. Phone Number	SOURCE	
			29. Employee treated in Emergency Room? <input type="checkbox"/> YES <input type="checkbox"/> NO		

ATTENTION: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(6)-(10) & 14300.35(b)(2)(E).
 Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.35(b)(2)(E).²

E M P L O Y E E	30. EMPLOYEE NAME	31. SOCIAL SECURITY NUMBER	32. DATE OF BIRTH (mm / dd / yy)	SECONDARY SOURCE	
	33. HOME ADDRESS (Number, Street, City, Zip)	33a. PHONE NUMBER			
	34. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	35. OCCUPATION (Regular job title, NO initials, abbreviations or numbers)		36. DATE OF HIRE (mm / dd / yy)	EXTENT OF INJURY
	37. EMPLOYEE USUALLY WORKS _____ hours per day, _____ days per week, _____ total weekly hours	37a. EMPLOYMENT STATUS <input type="checkbox"/> regular, full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary <input type="checkbox"/> seasonal		37b. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WAGES ASSIGNED?	
38. GROSS WAGES/SALARY \$ _____ per _____		39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY <input type="checkbox"/> YES <input type="checkbox"/> NO (e.g., tips, meals, overtime, bonuses, etc.)?		Date (mm / dd / yy)	

Completed By (type or print)	Signature & Title
------------------------------	-------------------

*Confidential information may be disclosed only to the employee, former employee, or their personal representative (CCR Title 8 14300.25), to others for the purpose of processing a workers' compensation or other insurance claim; and under certain circumstances to a public health or law enforcement agency or to a consultant hired by the employer (CCR Title 8 14300.30). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.



Notice to Employees--Injuries Caused By Work

You may be entitled to workers' compensation benefits if you are injured or become ill because of your job. Workers' compensation covers most work-related physical or mental injuries and illnesses. An injury or illness can be caused by one event (such as hurting your back in a fall) or by repeated exposures (such as hurting your wrist from doing the same motion over and over).

Benefits. Workers' compensation benefits include:

- **Medical Care:** Doctor visits, hospital services, physical therapy, lab tests, x-rays, and medicines that are reasonably necessary to treat your injury. You should never see a bill. There is a limit on some medical services.
- **Temporary Disability (TD) Benefits:** Payments if you lose wages while recovering. For most injuries, TD benefits may not be paid for more than 104 weeks within five years from the date of injury.
- **Permanent Disability (PD) Benefits:** Payments if your injury causes a permanent disability.
- **Supplemental Job Displacement Benefit:** A nontransferable voucher payable to a state approved school if your injury arises on or after 1/1/04 and results in a permanent disability that prevents you from returning to work within 60 days after TD ends, and your employer does not offer you modified or alternative work.
- **Death Benefits:** Paid to dependents of a worker who dies from a work-related injury or illness.

Naming Your Own Physician Before Injury or Illness (Predesignation). You may be able to choose the doctor who will treat you for a job injury or illness. If eligible, you must tell your employer, in writing, the name and address of your personal physician or medical group *before* you are injured and your physician must agree to treat you for your work injury. For instructions, see the written information about workers' compensation that your employer is required to give to new employees.

If You Get Hurt:

1. **Get Medical Care.** If you need emergency care, call 911 for help immediately from the hospital, ambulance, fire department or police department. If you need first aid, contact your employer.
2. **Report Your Injury.** Report the injury immediately to your supervisor or to an employer representative. Don't delay. There are time limits. If you wait too long, you may lose your right to benefits. Your employer is required to provide you a claim form within one working day after learning about your injury. Within one working day after you file a claim form, your employer shall authorize the provision of all treatment, consistent with the applicable treating guidelines, for your alleged injury and shall be liable for up to ten thousand dollars (\$10,000) in treatment until the claim is accepted or rejected.
3. **See Your Primary Treating Physician (PTP).** This is the doctor with overall responsibility for treating your injury or illness. If you predesignated by naming your personal physician or medical group before injury (see above), you may see him or her for treatment in certain circumstances. Otherwise, your employer has the right to select the physician who will treat you for the first 30 days. You may be able to switch to a doctor of your choice after 30 days. Different rules apply if your employer offers a Health Care Organization (HCO) or has a Medical Provider Network (MPN). You should receive information from your employer if you are covered by an HCO or a MPN. Contact your employer for more information.
4. **Medical Provider Networks.** Your employer may be using a MPN, which is a selected network of health care providers to provide treatment to workers injured on the job. If your employer is using a MPN, a MPN notice should be posted next to this poster to explain how to use the MPN. You can request a copy of this notice by calling the MPN number below. **If you have predesignated a personal physician prior to your work injury, then you may receive treatment from your predesignated doctor.** If you have not predesignated and your employer is using a MPN, you are free to choose an appropriate provider from the MPN list after the first medical visit directed by your employer. If you are treating with a non-MPN doctor for an existing injury, you may be required to change to a doctor within the MPN. For more information, see the MPN contact information below:

Current MPN's toll free number: _____ MPN website: _____

MPN Effective Date _____ Current MPN's address: _____

Discrimination. It is illegal for your employer to punish or fire you for having a work injury or illness, for filing a claim, or testifying in another person's workers' compensation case. If proven, you may receive lost wages, job reinstatement, increased benefits, and costs and expenses up to limits set by the state.

Questions? Learn more about workers' compensation by reading the information that your employer is required to give you at time of hire. If you have questions, see your employer or the claims administrator (who handles workers' compensation claims for your employer):

Claims Administrator York Risk Services Group Phone (866) 221-2402

Workers' compensation insurer Self-Insured (Enter "self-insured" if appropriate)

Policy Expiration Date _____

If the workers' compensation policy has expired, contact a Labor Commissioner at the Division of Labor Standards Enforcement (DLSE).

You can also get free information from a State Division of Workers' Compensation Information & Assistance Officer. The nearest Information & Assistance Officer can be found at location: _____ or by calling toll-free **(800) 736-7401**. Learn more information about DWC and DLSE online: www.dwc.ca.gov or www.dir.ca.gov/dlse.

False claims and false denials. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony and may be fined and imprisoned.

Your employer may not be liable for the payment of workers' compensation benefits for any injury that arises from your voluntary participation in any off-duty, recreational, social, or athletic activity that is not part of your work-related duties.



Aviso a los Empleados—Lesiones Causadas por el Trabajo

Es posible que usted tenga derecho a beneficios de compensación de trabajadores si usted se lesiona o se enferma a causa de su trabajo. La compensación de trabajadores cubre la mayoría de las lesiones y enfermedades físicas o mentales relacionadas con el trabajo. Una lesión o enfermedad puede ser causada por un evento (como por ejemplo el lastimarse la espalda en una caída) o por acciones repetidas (como por ejemplo lastimarse la muñeca por hacer el mismo movimiento una y otra vez).

Beneficios. Los beneficios de compensación de trabajadores incluyen:

- **Atención Médica:** Consultas médicas, servicios de hospital, terapia física, análisis de laboratorio, radiografías y medicinas que son razonablemente necesarias para tratar su lesión. Usted nunca deberá ver un cobro. Hay un límite para ciertos servicios médicos.
- **Beneficios por Incapacidad Temporal (TD):** Pagos si usted pierde sueldo mientras se recupera. Para la mayoría de las lesiones, beneficios de TD no se pagarán por más de 104 semanas dentro de cinco años después de la fecha de la lesión.
- **Beneficios por Incapacidad Permanente (PD):** Pagos si su lesión le causa una incapacidad permanente.
- **Beneficio Suplementario por Desplazamiento de Trabajo:** Un vale no-transferible pagadero a una escuela aprobada por el estado si su lesión surge en o después del 1/1/04, y le ocasiona una incapacidad permanente que le impida regresar al trabajo dentro de 60 días después de que los pagos por TD terminen y su empleador no le ofrece a usted un trabajo modificado o alternativo.
- **Beneficios por Muerte:** Pagados a los dependientes de un(a) trabajador(a) que muere a causa de una lesión o enfermedad relacionada con el trabajo.

Designación de su Propio Médico Antes de una Lesión o Enfermedad (Designación previa). Es posible que usted pueda elegir al médico que le atenderá en una lesión o enfermedad relacionada con el trabajo. Si elegible, usted debe informarle al empleador, por escrito, el nombre y la dirección de su médico personal o grupo médico, *antes* de que usted se lesione y su médico debe estar de acuerdo de atenderle la lesión causada por el trabajo. Para instrucciones, vea la información escrita sobre la compensación de trabajadores que se le exige a su empleador darle a los empleados nuevos.

Si Usted se Lastima:

1. **Obtenga Atención Médica.** Si usted necesita atención de emergencia, llame al 911 para ayuda inmediata de un hospital, una ambulancia, el departamento de bomberos o departamento de policía. Si usted necesita primeros auxilios, comuníquese con su empleador.
2. **Reporte su Lesión.** Reporte la lesión inmediatamente a su supervisor(a) o a un representante del empleador. No se demore. Hay límites de tiempo. Si usted espera demasiado, es posible que usted pierda su derecho a beneficios. Su empleador está obligado a proporcionarle un formulario de reclamo dentro de un día laboral después de saber de su lesión. Dentro de un día después de que usted presente un formulario de reclamo, el empleador autorizará todo tratamiento médico de acuerdo con las pautas de tratamiento aplicables a su presunta lesión y será responsable por diez mil dólares (\$10,000) en tratamiento hasta que el reclamo sea aceptado o rechazado.
3. **Consulte al Médico que le está Atendiendo (PTP).** Este es el médico con la responsabilidad total de tratar su lesión o enfermedad. Si usted designó previamente a su médico personal o grupo médico antes lesionarse (vea uno de los párrafos anteriores), en ciertas circunstancias, usted puede consultarlo para el tratamiento. De otra forma, su empleador tiene el derecho de seleccionar al médico que le atenderá durante los primeros 30 días. Es posible que usted pueda cambiar a un médico de su preferencia después de 30 días. Hay reglas diferentes que se aplican cuando su empleador ofrece una Organización de Cuidado Médico (HCO) o si tiene una Red de Proveedores Médicos (MPN). Usted debe recibir información de su empleador si está cubierto por una HCO o una MPN. Hable con su empleador para más información.
4. **Red de Proveedores Médicos (MPN):** Es posible que su empleador use una MPN, lo cual es una red de proveedores de asistencia médica seleccionados para dar tratamiento a los trabajadores lesionados en el trabajo. Si su empleador usa una MPN, una notificación de la MPN debe estar al lado de este cartel para explicar como usar la MPN. Usted puede pedir una copia de esta notificación hablando al número de la MPN debajo descrito. **Si usted ha hecho una designación previa de un médico personal antes de lesionarse en el trabajo, entonces usted puede recibir tratamiento de su médico previamente designado.** Si usted no ha hecho una designación previa y su empleador está usando una MPN, usted puede escoger un proveedor apropiado de la lista de la MPN después de la primera visita médica dirigida por su empleador. Si usted está recibiendo tratamiento de parte de un médico que no pertenece a la MPN para una lesión existente, puede requerirse que usted se cambie a un médico dentro de la MPN. Para más información, vea la siguiente información del contacto de la MPN :

Número gratuito de la MPN vigente: _____ Página web de la MPN: _____

Fecha de vigencia de la MPN _____ Dirección de la MPN vigente _____

Discriminación. Es ilegal que su empleador le castigue o despidan por sufrir una lesión o enfermedad en el trabajo, por presentar un reclamo o por testificar en el caso de compensación de trabajadores de otra persona. De ser probado, usted puede recibir pagos por pérdida de sueldos, reposición del trabajo, aumento de beneficios y gastos hasta los límites establecidos por el estado.

¿Preguntas? Aprenda más sobre la compensación de trabajadores leyendo la información que se requiere que su empleador le dé cuando es contratado. Si usted tiene preguntas, vea a su empleador o al administrador de reclamos (que se encarga de los reclamos de compensación de trabajadores de su empleador):

Administrador de Reclamos York Risk Services Group Teléfono (866) 221-2402
Asegurador del Seguro de Compensación de trabajador Autoasegurado (Anote "autoasegurado" si es apropiado)
Fecha de Vencimiento de la Póliza _____

Si la póliza de compensación de trabajadores se ha vencido, comuníquese con el Comisionado Laboral, en la *División para el Cumplimiento de las Normas Laborales* (Division of Labor Standards Enforcement- DLSE).

Usted también puede obtener información gratuita de un Oficial de Información y Asistencia de la División Estatal de Compensación de Trabajadores. El Oficial de Información y Asistencia más cercano se localiza en _____ o llamando al número gratuito **(800) 736-7401**. Usted puede obtener más información sobre de la DWC y DLSE en el Internet en: www.dwc.ca.gov o www.dir.ca.gov/dlse.

Los reclamos falsos y rechazos falsos del reclamo. Cualquier persona que haga o que ocasione que se haga una declaración o una representación material intencionalmente falsa o fraudulenta, con el fin de obtener o negar beneficios o pagos de compensación de trabajadores, es culpable de un delito grave y puede ser multado y encarcelado.

Es posible que su empleador no sea responsable por el pago de beneficios de compensación de trabajadores para ninguna lesión que proviene de su participación voluntaria en cualquier actividad fuera del trabajo, recreativa, social, o atlética que no sea parte de sus deberes laborales.

FRAUD

COMMIT WORKERS' COMP FRAUD AND YOU'LL HAVE A LOT OF TIME ON YOUR HANDS

Workers' compensation fraud is now illegal in California. As of January 1, 1994 any person who files or contributes to the filing of a false workers' comp claim is committing a crime punishable by a prison sentence and/or a penalty fine.

What is a fraudulent claim?

Here are some examples of activities for which you can be prosecuted:

•Filing a claim for a non-existing injury

If you file a claim for an injury or illness that does not exist, you are guilty of workers' compensation fraud.

•Filing a claim for a non-work related injury

If you are injured off the job, but pretend it happened at work so you can collect workers' comp benefits, you are committing a felony.

•Aiding a co-worker in filing a false claim

If you make a false statement to support a fellow employee's claim for benefits, you are participating in a crime.

The law also applies to other participants in the workers' compensation systems:

•Attorneys

If an attorney knowingly makes fraudulent statements for the purpose of obtaining workers' comp benefits for his or her client, he or she is guilty of a felony. If an attorney who negotiates workers' comp claims offers commissions to any person for the referral or solicitation of clients, he or she can face suspension or disbarment and a prison term.

•Doctors

If a doctor knowingly prepares false written reports in order to obtain payments, he or she can lose his or her medical license. It is a crime to assist or conspire with any person who engages in fraudulent activity.

Fraud harms employers by contributing to the increasingly high cost of insurance and harms employees by undermining the legitimacy of all workers' compensation claims. Do your part to halt fraud today!

“Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime, and may be subject to imprisonment in the state prison for up to 5 years, or by a fine up to \$150,000, or both.”

Insurance Code Section 1871-2

FRAUDE

COMITÉ FRAUDE DE COMPENSACIÓN DE TRABAJADORES Y TENDRA' MUCHO TIEMPO EN SUS MANOS

Fraude de compensación de trabajadores es ahora ilegal en California. Deeds el primer de Enero de 1994, cual quien persona que entabla o, contribuye en la entablación de un reclamo de compensación de trabajadores de fraude esta cometiendo un delito penable por condena de cárcel y, también pena de multa.

¿Qué es reclamo de fraudulencia?

Lo siguientes son ejemplos de actividades a lo cual se puede ser procesado:

• Entabla un reclamo de lesión que no existe

Si entable un reclamo para lesión o enfermedad que no existe, eres culpable de fraud de compensación de trabajadores.

• Entablando un reclamo de lesión que no esta relacionado a su trabajo

Si esta lesionado afuera del trabajo, pero pretende que paso' durante el transcurso del trabajo para que pudiere cobrar beneficios de compensación de trabajadores, esta cometiendo un delito mayor.

• Asistiendo un compañero del trabajo en entablar reclamo falso

Si se hace declaración falsa para apoyar el reclamo del campanero del trabajo para poder él/ella cobrar beneficios, sé esta involucrando en un de-

lito.

También se le aplica la ley a otros participantes en el sistema de compensación de trabajadores:

•Licenciados

Si un licenciado intencionalmente dária declaraciones falsas, para el propósito de que su cliente obtenga beneficios de compensación de trabajadores, ese licenciado es culpable de un delito mayor. Si un licenciado a quien hace negaciones, ofrezca comisiones a cual quien persona para un refiere o sollicitación de cliente para reclamos de compensación de trabajadores, él/ella se puede encontrar enfrentado con suspensión o exclusión del foro y la cárcel.

•Médicos

Si un médico intencionalmente prepara reportes por escritos falsos para cobrar pagamentos, él/ella puede perder su titulo de medico. Es un delito asistir o, conspirer con cual quien persona quien se involucra en actividades de fraudulencia.

Fraudulencia daña a los empleadores por contribuyendo a los gastos de seguro que se aumentan cada vez mas y daña a los empleados por socavar la legitimidad de todos los reclamos de compensación de trabajadores. ¡Haga su parte hoy en parar fraudulencia!

“ Cual quien persona quien intencionalmente se presenta con un reclamo fraudulento para recibir beneficios de pagos es culpable de un delito, y puede ser sometido a encarcelación por prisión por hasta 5 años, o por una multa de hasta \$150,000, o ambos.”

La Sección de Código de Seguro 1871-2



Order Form

Please fax or e-mail your request form to Steve Miles
Fax #: (866) 548-2637
Email Address: Steve.miles@yorkrsg.com

Date Requested: _____

Requested By: _____

[Name] _____

Shipping Information (if different)

[Company Name] _____

[Name] _____

[Street Address] _____

[Company Name] _____

[City, ST ZIP Code] _____

[City, ST ZIP Code] _____

[Phone] _____

[Phone] _____

Description of Items to Order	Quantity of Request	English/Spanish
<input type="checkbox"/> 5020 Form		
<input type="checkbox"/> DWC-1 Form		
<input type="checkbox"/> Fraud Poster		
<input type="checkbox"/> Posting Notice		

Authorized by

Date



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Healthfirst Medical Group
11817 E Telegraph Rd.
Santa Fe Springs, CA 90670
(562) 949-9328

US Healthworks
3430 S Garfield Ave
Commerce, CA 90040
(323) 722-8481

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Westlake Village Urgent Care
1220 La Venta Dr., Suite 201
Westlake Village, CA 91361
(805) 379-9125

US Healthworks
9700 De Soto Ave
Chatsworth, CA 91311
(818) 882-8100

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
1313 W 8th Street , Suite 100
Los Angeles, CA 90017
(213) 747-0634

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
16630 S Broadway
Gardena, CA 90248
(310) 768-8155

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
1851 Lombard Street, Suite 100
Oxnard, CA 93030
(805) 983-2234

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Universal Industrial Care
2001 Santa Monica Blvd
Suite 1160-W
Santa Monica, CA 90404
(310) 315-1786

US Healthworks
390 N. Sepulveda Blvd, Ste # 1000
El Segundo, CA 90245
(310) 640-9911

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Newbury Park Urgent Care
2080 Newbury Rd
Newbury Park, CA 91320
(805) 499-0308

US Healthworks
1851 Lombard St, Ste 100
Oxnard, CA 93030
(805) 983-2234

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
2131 W. 3rd Street
Los Angeles, CA 90057
(213) 484-7111

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

First Care Medical Group
22840 Soledad Canyon Rd
Santa Clarita, CA 91350
(661) 779-1776

US Healthworks
9700 De Soto Ave
Chatsworth, CA 91311
(818) 882-8100

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
2499 S. Wilmington Ave
Compton, CA 90220
(310) 638-1113

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

First Care Medical Group
25327 Ave Stanford, Ste 105
Valencia, CA 91355
(661) 295-2500

US Healthworks
9700 De Soto Ave
Chatsworth, CA 91311
(818) 882-8100

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Central Coast Urgent Care
340 E Betteravia Rd, Ste C
Santa Maria, CA 93454
(805) 922-0561

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Central Coast Urgent Care
340 E Betteravia Rd, Ste C
Santa Maria, CA 93454
(805) 922-0561

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
390 N Sepulveda Blvd, Ste 1000
El Segundo, CA 90245
(310) 640-9911

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Immediate Medical Center
5203 Lakewood Blvd
Lakewood, CA 90712
(562) 633-2273

US Healthworks
2107 Del Amo Blvd
Rancho Dominguez, CA 90220
(310) 637-9611

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
6520 N Irwindale Ave
Irwindale, CA 91702
(626) 812-0366

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Center for Occupational Health
800 Fairmount Ave
Pasadena, CA 91105
(626) 397-5919

US Healthworks
9350 Flair Dr, Ste 102
El Monte, CA 91731
(626) 407-0300

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
9350 Flair Dr., Ste 102
El Monte, CA 91731
(626) 407-0300

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Urgent Care

Please send your employees to
your designated Urgent Care
facility.

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
9700 De Soto Ave
Chatsworth, CA 91311
(818) 882-8100

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
801 Corporate Center Drive, Ste 130
Pomona, CA 91768
(909) 623-1954

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Community Memorial Hospital of
San Buenaventura
655 N Ventura Ave
Oakview, CA 93022
(805) 649-3750

US Healthworks
1812 Lombard St, Ste 100
Oxnard, CA 93030
(805) 983-2234

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Thousand Oaks Urgent Care
620 E Janss Rd
Thousand Oaks, CA 91360
(805) 495-6866

US Healthworks
1851 Lombard St, Ste 100
Oxnard, CA 93030
(805) 983-2234

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

High Desert Medical Group
43839 N. 15th St. West
Lancaster, CA 93534
(661) 945-5984

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
3851 Soto St
Vernon, CA 90058
(323) 585-7162

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
3430 S Garfield Ave
Commerce, CA 90040
(323) 722-8481

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Concentra Medical Center
26 Centerpointe, Ste 115
La Palma, CA 90623
(866) 406-9976

US Healthworks
2107 Del Amo Blvd
Rancho Dominguez, CA 90220
(310) 637-9611

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
2499 S. Wilmington Ave
Compton, CA 90220
(310) 638-1113

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Community Memorial Hospital
of San Buenaventura
242 E Harvard Blvd, Suite C
Santa Paula, CA 93060
(805) 525-9595

US Healthworks
1851 Lombard St, Ste 100
Oxnard, CA 93030
(805) 983-2234

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
2171 S. Grove Ave, Ste A
Ontario, CA 91761
(909) 923-4080

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
2107 E Del Amo Blvd
Rancho Dominguez, CA 90220
(310) 637-9611

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Country Medical Clinic
2027 Village Ln, Ste # 102
Solvang, CA 93463
(805) 688-3340

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
19401 S. Vermont Ave, Bldg. L, Suite 100
Torrance, CA 90502
(310) 324-5777

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
17487 Hurley Street
City of Industry, CA 91744
(626) 965-0959

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
16300 Roscoe Blvd
Van Nuys, CA 91406
(818) 893-4426

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

Healthpointe Medical Group
13030 Firestone Blvd
Santa Fe Springs, CA 90670
(562) 921-0341

US Healthworks
3430 S Garfield Ave
Commerce, CA 90040
(323) 722-8481

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*



ARCHDIOCESE OF LOS ANGELES

Medical Care Location Sheet

US Healthworks
1212 S. Flower St.
Los Angeles, CA 90015
(213) 747-0634

*You can locate additional providers online at www.wellcomp.com
Please reverse for additional instructions*