



## **Injuries on the Job**

This is to certify that I have reviewed the official notice of the Panel of Physicians. I understand that when I am involved in an on-the-job injury and emergency treatment is not necessary, I must accept the services of a physician from the Panel.

If I desire to obtain medical services from a physician not listed on the Panel, I may do so; however, I will be liable for those medical expenses.

The physician selected from the Panel may arrange for appropriate consultations, referrals, and other specialized medical services as the nature of the injury requires. If I am dissatisfied with the physician selected, I may make one change without permission to a second physician also listed on the Panel. Any further changes require the permission of the employer/insurer or the State Board of Workers' Compensation.

In the case of an emergency, I should be taken to the nearest emergency room. However, all follow-up care must, thereafter, be rendered by a physician from the Panel, or a Panel Physician's referral.

I further understand that I must notify my supervisor and the Personnel Office as soon as the injury occurs, regardless of the extent of the injury. Delay in notification may result in denial of payment for medical services rendered.