

**LOS ANGELES COMMUNITY COLLEGE DISTRICT
REFERRAL FOR TREATMENT OF OCCUPATIONAL INJURY OR ILLNESS**

NOTE: This form should be given to the employee and presented to the treating physician.

SECTION I: ADMINISTRATIVE

COLLEGE		DEPT. / DIV./ CLASSIFICATION	
EMPLOYEE NAME		SOCIAL SECURITY #	
DATE AND TIME OF INJURY OR ILLNESS		DATE AND TIME OF THIS REFERRAL	
INCIDENT LOCATION		NATURE OF INJURY	

SECTION II: AUTHORIZED HEALTH CARE PROVIDERS

DISTRICT OFFICE (ESC)	US HEALTHWORKS (24hr) 1212 SOUTH FLOWER ST LOS ANGELES, CA 90015 (213) 747-0634 Fax: (213) 747-5304 SAMARITAN HEALTH CENTER (After 6pm) 637 SOUTH LUCAS AVE. LOS ANGELES, CA 90017 (213) 977-4111	LOS ANGELES PIERCE COLLEGE	US HEALTHWORKS (24hr) 9700 DeSoto Ave CHATSWORTH, CA 91311 (818) 882-8100 Fax (818) 700-8255 WEST HILLS HOSPITAL MEDICAL CENTER (AFTER 8PM) 7300 MEDICAL CENTER DRIVE WEST HILLS, CA 91307 (818) 340-0977
LOS ANGELES CITY COLLEGE	CITIZEN MEDICAL GROUP 1300 NORTH LA BREA LOS ANGELES, CA 90028 (323) 464-1336	LOS ANGELES SOUTHWEST COLLEGE	U.S. HEALTHWORKS (24hr) 19401 S. VERMONT AVE BUILD L #100 TORRANCE, CA 92408 (310) 324-5777
EAST LOS ANGELES COLLEGE	U.S. HEALTHWORKS (24hr) 3430 SOUTH GARFIELD AVE COMMERCE, CA 90040 (323) 722-8481	LOS ANGELES TRADE- TECHNICAL COLLEGE	US HEALTHWORKS (24hr) 1212 SOUTH FLOWER LOS ANGELES, CA 90015 (213) 747-0634 SAMARITAN HEALTH CENTER 637 SOUTH LUCAS AVE. LOS ANGELES, CA 90017 (213) 977-4111
LOS ANGELES HARBOR COLLEGE	WESTERN MEDICAL GROUP 21081 SOUTH WESTERN, STE. 150 TORRANCE, CA 90501 (310) 782-3333	LOS ANGELES VALLEY COLLEGE	U.S. HEALTH WORKS (24hr) 16300 ROSCOE BLVD VAN NUYS, CA 91406 (818) 893-4426
LOS ANGELES MISSION COLLEGE	U.S. HEALTH WORKS (24hr) 16300 ROSCOE BLVD VAN NUYS, CA 91406 (818) 893-4426 HOLY CROSS 15031 RINALDI MISSION HILLS, CA 91345 (818) 365-8051	WEST LOS ANGELES COLLEGE	(AM) VENICE CULVER MARINA MEDICAL GROUP 12212 WEST WASHINGTON BLVD LOS ANGELES, CA 90066 310-391-5241 (PM) BROTMAN MEDICAL CENTER 3828 DELMAS TERRACE CULVER CITY, CA 90231 (310) 836-7000

REFERENCES: LC § 4600 et seq.
8 CCR § 9780 et seq.

IMPORTANT: SEE INSTRUCTIONS AND INFORMATION ON REVERSE

Issued By: _____ Title _____

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SECTION III: INSTRUCTIONS AND INFORMATION FOR EMPLOYEES

Should you become ill or injured on the job, you are entitled to first aid or emergency medical treatment, as necessary. Emergency medical treatment is that medical treatment reasonably required by an injured employee immediately following an occupational injury or illness which, if delayed, could decrease the likelihood of maximum recovery.

You are required to report all occupational injuries or illnesses to your onsite supervisor. In the event that the injury or illness requires medical treatment beyond "first aid" or results in "lost time" beyond the date of injury, the District must provide you with DWC Form 1, *Employee's Claim for Workers' Compensation Benefits*. "First aid" means any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care. Such one-time treatment and follow-up visit for the purpose of observation, is considered first aid, even though provided by a physician or registered professional personnel. "Lost time" means absence from work for a full day or shift beyond the date of injury or illness. You should have received DWC Form 1 at the time you reported the injury to your supervisor. If you did not receive this form or if the injury or illness subsequently requires medical treatment beyond first aid or results in lost time, please telephone the District Workers' Compensation Office. A DWC Form 1, *Employee's Claim for Workers' Compensation Benefits*, will be immediately mailed to your home of residence.

If you have not pre-designated your personal physician in writing prior to the date of this occupational injury or illness, then your initial medical treatment will be directed by a physician and facility authorized by the District. These locations and telephone numbers are provided on the front side of this form. Take this form with you in reporting for your initial treatment. Within the first thirty (30) days following the date the occupational injury or illness was first reported, you may request an alternate physician from the Third Party Administrator and the request shall be honored within five (5) days. After thirty (30) days from the date the occupational injury or illness was first reported, you may change your treating physician to one of your own choosing by notifying, in writing or by telephone, the District Workers' Compensation Office or Third Party Administrator.

If you have pre-designated your personal physician prior to the date of this occupational injury or illness, then your initial medical treatment may be directed by your personal physician or you may report for treatment at the appropriate authorized District location. For the purpose of utilizing an employee-selected physician, initial medical treatment does not include first aid or emergency medical treatment. If you are in need of transportation from work in order to receive treatment, you may only be transported to the appropriate authorized District location, as listed on the front side of this form. Your onsite supervisor is responsible to coordinate any needed transportation.

SECTION IV: INSTRUCTIONS AND INFORMATION FOR PHYSICIANS

CAUTION: If you are the employee's personal physician who undertakes to provide treatment pursuant to Labor Code Section 4600 for occupational injuries and illnesses, you must follow all of the filing, reporting, and time requirements specified in Title 8 California Code of Regulations Section 9785, *Duties of the Employee-Selected Physician*. Failure to file any of the required reports may result in assessment of a civil penalty.

The Los Angeles Community College District is a self-insured employer with Third Party Administrator (TPA). **Within three (3) working days** after undertaking to provide initial treatment, you must notify the TPA of the name and address of the treating physician or facility, unless already listed as a District authorized health care facility. These facilities are listed on the front side of this form. **Within five (5) working days** of your initial examination for every occupational injury or illness, you must send two (2) copies of the completed State of California Form 5021, *Doctor's First Report of Occupational Injury or Illness*; one copy to the District and one copy to the TPA. Where the employee has been exposed to blood borne pathogens, regulated carcinogens, or toxic substances, you are required to provide the District and TPA with your written opinion in accordance with any applicable Section of Title 8, California Code of Regulations for the specific substance within fifteen (15) days of your completed evaluation. Send all required reports and correspondence to the District and TPA. For timely payment, you may send invoices directly to the TPA.

DISTRICT

LOS ANGELES COMMUNITY COLLEGE DISTRICT
770 WILSHIRE BLVD., 3RD FLOOR
LOS ANGELES, CA 90017
ATTN: RISK MANAGEMENT DEPARTMENT

TELEPHONE (213) 891-2397
TELEPHONE: (213) 891-2231
FAX: (213) 891-2293

THIRD PARTY ADMINISTRATOR (TPA)

SOUTHERN CALIFORNIA RISK MANAGEMENT ASSOCIATES, Inc.
313 E. FOOTHILL BLVD
UPLAND, CA 91786-3952
ATTN: LACCD TPA

TELEPHONE: (909) 608-7171
FAX: (909) 608-7165

REFERENCES: LC § 4600 et seq.
8 CCR § 9780 et seq.