



Stephens County Board of Commissioners

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NOTICE OF WORKERS' COMPENSATION PROCEDURES

This is to certify that I have read and understand the **WORKERS' COMPENSATION PANEL OF PHYSICIANS** notice.

I understand that when I am involved in an on-the-job injury my employer will pay medical costs for treatment by the physician(s) I select from the Panel of Physicians. 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. Upon notification of the employer, an Independent Medical Examination may be elected as set forth by law. However, any further changes required the permission of the employer/insurer, self-insurer claims office or the State Board of Workers' Compensation.

In the case of a bona-fide emergency involving severe injury or when a Panel Physician is not available, I should seek medical care from the nearest Hospital 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 or a member of my department's administrative staff or the Personnel Office as soon as the injury occurs, regardless of the extent of the injury, and when possible, prior to seeking treatment. I understand that the treating physician will verify my employment and eligibility for treatment with my employer before commencing treatment unless the nature of the injury so prohibits. Delay in notification may result in denial of payment for medical services rendered.

Print Name

Signature of Employee

Date

Signature of Witness

Date