



Date: 4/1/13

To All Employees:

Our workers compensation carrier has changed. Please read the following information, sign and return this form to **Elitecare Medical Staffing** as soon as possible.

Fax: (559) 446-2170

E-mail: Elitecarestaff@elitecare.net

For new injuries that occur when you are not covered by an MPN, you have the right to choose your physician 30 days after you notify your employer of your injury.

Unless you pre-designate a physician or medical group, your new work injuries arising on or after **03/15/2013** will be treated by providers in a new Medical Provider Network; “The Care West Medical Provider Network.” If you have an existing injury, you may be required to continue care under your prior MPN or to change to a provider in the new MPN, check with your claims adjuster. You may obtain more information about the MPN from The Care West MPN, P.O. Box 5038, Modesto, CA. 95352 Phone: 209-549-3020, or 888-312-5246.

www.carewestins.com

I _____ acknowledge that I have received and understand the above information.

SIGN: _____

DATE: _____

WITNESS: _____