

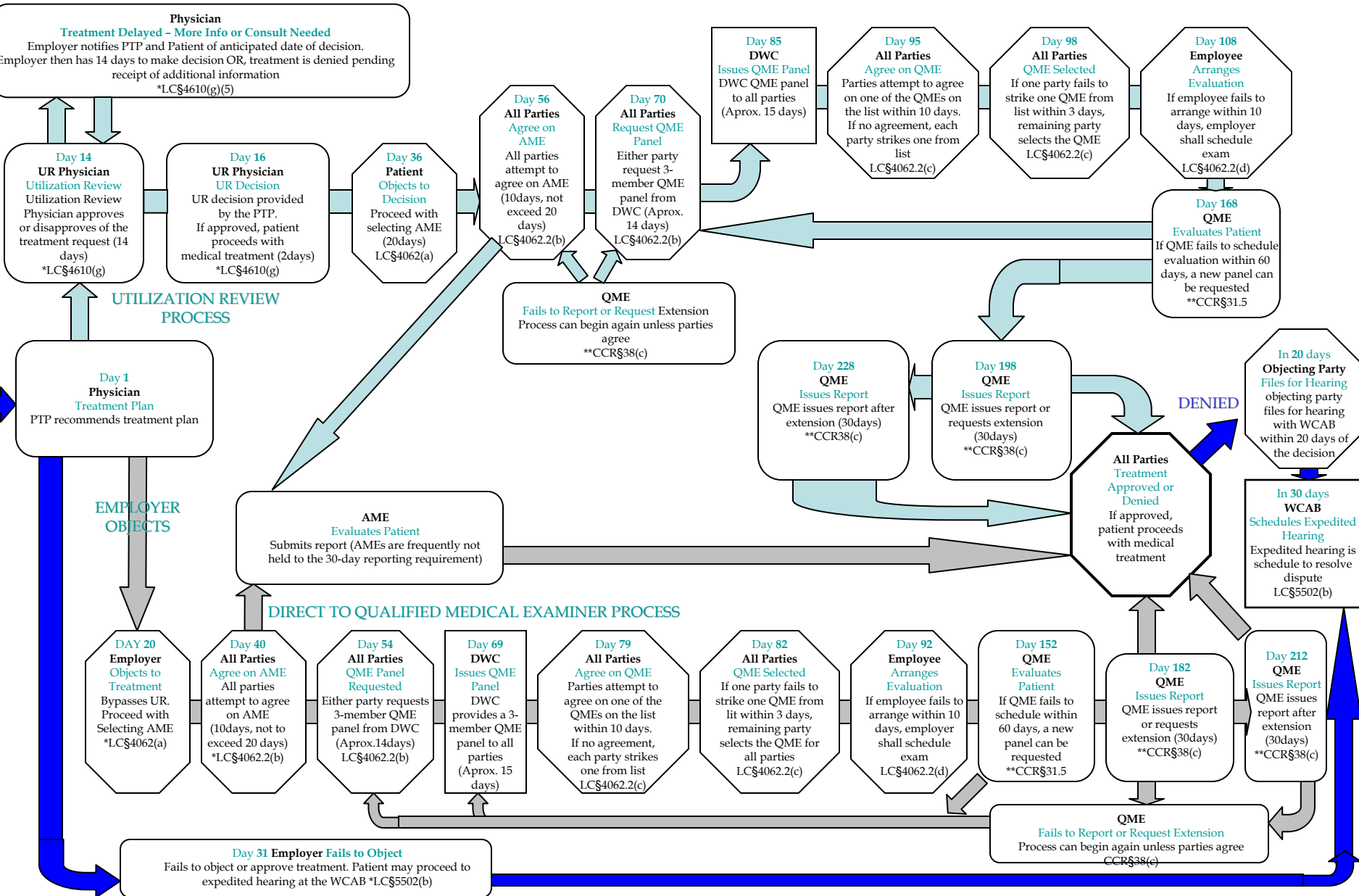
Process for Approving No-Medical Provider Medical Treatment for Represented Patients

***and ** Denote Processes Subjected to Enforcement by the State DWC**

The flowchart below illustrates the timeframes, responsible parties and task descriptions in each step of the process for approving non-medical provider network medical treatment for represented patients. Acronyms for frequently used terms include:

AME	Agreed Upon Medical Examiner	PTP	Primary Treating Physician
CCR	California Code of Regulations Reference	QME	Qualified Medical Examiner, a consulting physician certified by the DWC
DWC	Division of Workers' Compensation, State Regulatory Agency	UR	Utilization Review
LC	Labor Code References	WCAB	Workers' Compensation Appeals Board

*Complaints regarding Claims Administrator failure to follow required timelines can be reported to the Division of Workers' Compensation Audit Unit at: 510.286.7108 or the Division of Workers' Compensation Medical Unit at 510.286.3700. Audit Complaint Forms and instruction are available at <http://www.dir.ca.gov/dwc/forms.html>. Expedited Hearing request Forms (DWC 4) are available at <http://www.dir.ca.gov/dwc/forms.html>.
 ** Qualified Medical Examiner failure to schedule timely appointments, issue timely reports, or request extensions in a timely manner for reporting may be reported to the Division of Workers' Compensation Medical Unit at 510/286.3700.

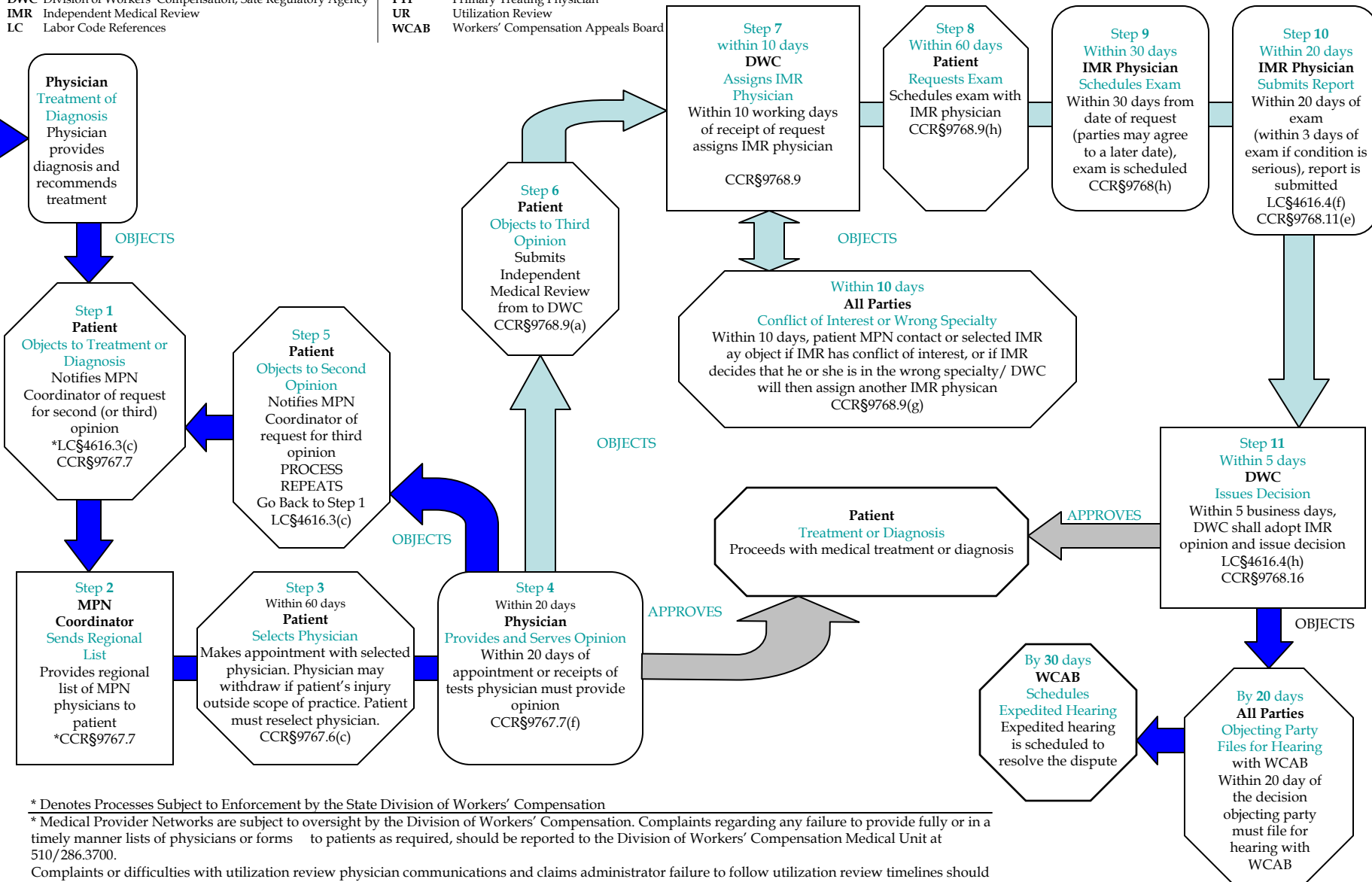


Process for Patient Dispute Resolution for Medical Provider Network Medical Treatment and Diagnosis

The flowchart below illustrates the timeframes, responsible parties and task descriptions in each step of the process for patient dispute resolution regarding medical provider network medical treatment and diagnosis. Once the patient begins the process outlined in this flowchart, no other reports are admissible to resolve any controversy. (Labor Code§4616.6). Acronyms for frequently used terms include.

CCR California Code of Regulations Reference
 DWC Division of Workers' Compensation, Sate Regulatory Agency
 IMR Independent Medical Review
 LC Labor Code References

MPN Medical Provider Network
 PTP Primary Treating Physician
 UR Utilization Review
 WCAB Workers' Compensation Appeals Board



* Denotes Processes Subject to Enforcement by the State Division of Workers' Compensation

* Medical Provider Networks are subject to oversight by the Division of Workers' Compensation. Complaints regarding any failure to provide fully or in a timely manner lists of physicians or forms to patients as required, should be reported to the Division of Workers' Compensation Medical Unit at 510/286.3700.

Complaints or difficulties with utilization review physician communications and claims administrator failure to follow utilization review timelines should be reported to the Division of Workers' Compensation Medical Unit at 510.286.3700. Claims administrator failure may be subject to audit. Audit Complaint Forms and Expedited Hearing Request Forms (DWC 4) are available at <http://www.dir.ca.gov/dwc/forms.html>.