

**Acknowledgement of Coventry
Primary Medical Provider Network
California Workers' Compensation
Implementation Materials**

I understand that I must comply with New York Marine and General Insurance Company through the Coventry Primary Medical Provider Network (as their network of choice for treatment of workers' compensation inquiries) their procedures regarding the reporting of an injury and the treatment of an injury if applicable.

I know that I am to immediately report an injury to my supervisor and I know that I may only use the MPN for the treatment of my injury, unless I have provided a written pre-designation of my primary care physician prior to an injury. I understand that the failure to do so may result in the repayment of cost of medical treatment.

Employee Name (print)

Date

Employee Signature