



## Process for Pre-Designation of Personal Physician for Occupational Injuries

1. Employee submits **legible** completed form to United Airlines Supervisor (**without** provider signature – if provider has already signed form, employee will need to complete a new form prior to submittal).
2. Supervisor adds their legible name, signature and company address to form, makes a photocopy of the form for employee's medical file and sends via email to Workers' Compensation group email - [WorkComp@united.com](mailto:WorkComp@united.com)

Workers' Comp group will send the form to the provider for provider signature and validation

3. When the physician signs and returns the completed pre-designation form, Workers' Comp group will send a confirmation letter via email to the employee and copies the United supervisor who sent the pre-designation form. Copy to employee's medical file.
4. If there is no documentation of physician's agreement, physician does not accept WC injuries or no signature on the pre-designation form within 30 days of sending to provider, a "Not Approved" letter is emailed to employee and the United supervisor designated on the form. Copy to employee's medical file.
5. Once an employee's pre-designation is validated or denied by return of signed form from the designated provider, the employee name is added to the United eligibility master list.
6. The eligibility list is sent out to the Worker's Compensation Representatives and Sedgwick at the beginning of the following month of eligibility.

NOTE: Pre-Designation is not available in the following states, which limit employers' and/or employees' ability to select treating physicians. As such, the following procedures will be followed:

- Montana : employee may select treating physician. Pre-Designation is not required.
- Nevada : employee may select treating physician from the GB panel. Pre-Designation is not required.
- Oregon : employee may select treating physician. Pre-Designation is not required
- Texas : employee may select treating physician from United Airlines Texas HCN. Pre-Designation is not required.
- Washington : employee may select treating physician. Pre-Designation is not required. If the state's Labor and Industry Department has established a health care provider network in the employee's geographic area, the employee must get ongoing care from a provider in that network but may see a non-network provider for the initial visit.



### Free Choice of Personal Physician Form

**Note: Pre-Designation is not available in the following states, which limit employers' and/or employees' ability to select treating physicians. As such, the following procedures will be followed:**

- Montana : employee may select treating physician. Pre-designation is not required.
- Nevada : employee may select treating physician from the NV panel of Workers' Compensation acceptable providers. Pre-designation is not required.
- Oregon : employee may select treating physician. Pre-designation is not required.
- Texas : employee may select treating physician from the United Airlines Texas HCN. Pre-designation is not required. If employee's provider is not part of the TX HCN, the employee can "nominate" the provider by going through the [www.genexservices.com](http://www.genexservices.com) site and click on "Provider Nomination".
- Washington : employee may select treating physician. Pre-designation is not required. If the state's Labor and Industry Department has established a health care provider network in the employee's geographic area, the employee must get ongoing care from a provider in that network but may see a non-network provider for the initial visit.

In the event of an occupational injury/illness, I wish to be treated by my "personal physician"\* as permitted by the Collective Bargaining Agreement and my state Workers' Comp guidelines. I understand that in the event that I am unconscious and am in need of emergency medical treatment, United is hereby authorized to provide such treatment at an appropriate emergency medical facility or facilities.

The name and address of my physician is as follows: **(Please print legibly in all sections below)**

Physician's name: \_\_\_\_\_ Physician's Phone # : \_\_\_\_\_

Physician's address: \_\_\_\_\_ Email: \_\_\_\_\_

CA Kaiser employees only: KPOJ Region: \_\_\_\_\_ Physician's Fax #: \_\_\_\_\_

\*A "personal physician" is the employee's regular physician or surgeon (not a chiropractor or other degreed professional) who has previously directed the medical treatment of the employee and who retains the employee's medical records and medical history.

*Under patient access laws, I, (EE) \_\_\_\_\_, am directing my medical provider above to provide this completed pre-designation form to [WorkComp@united.com](mailto:WorkComp@united.com)*

Employee name: \_\_\_\_\_ Emp ID #: \_\_\_\_\_ Co. address code: \_\_\_\_\_

Employee preferred email address: \_\_\_\_\_ DOB: \_\_\_\_\_

Provided to:

Supervisor name: \_\_\_\_\_ Co. address code: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copies to: Employee and local medical file. Supervisor sends this form to begin validation process - via email:

[WorkComp@united.com](mailto:WorkComp@united.com)

**Please DO NOT have your provider sign this form prior to submitting for validation.**

- Form must be signed by employee and a supervisor/Occupational office supervisor prior to submission to WorkComp
- Work Comp will send this form with a pre-designation validation letter to the provider
- Validation is only confirmed by us sending this form directly to your chosen provider and the provider returning the signed form back to us

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Dear Provider:

If you agree to this pre-designation, please sign and return this form to within 15 days. You may also authorize a designated employee to sign this form on your behalf.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_