

Los Angeles Community College District
Referral for Treatment of Occupational Injury or Illness

Note: this form should be given to the employee and presented to the treating physician.

SECTION I: ADMINISTRATIVE

College: _____ Employee Name: _____

Date and Time of Injury or Illness: _____

Incident Location: _____ Dept./Div./Classification: _____

Social Security #: _____ Date and Time of This Referral: _____

Nature of Injury: _____

SECTION II: YOU MAY GO TO ANY OF THE FOLLOWING AUTHORIZED HEALTH CARE PROVIDERS

District	ALAMEDA MEDICAL INDUSTRIAL CLINIC (AMC) – Monday – Friday from 7:00 a.m. to 7:00 p.m. 1907 E. Washington Avenue, Los Angeles, CA 90021, (213) 747-7667
City	ALAMEDA MEDICAL INDUSTRIAL CLINIC (AMC) – Monday – Friday from 7:00 a.m. to 7:00 p.m. 1907 E. Washington Avenue, Los Angeles, CA 90021, (213) 747-7667
East	ALAMEDA MEDICAL INDUSTRIAL CLINIC (AMC) – Monday – Friday from 7:00 a.m. to 7:00 p.m. 1907 E. Washington Avenue, Los Angeles, CA 90021, (213) 747-7667
Harbor	WESTERN MEDICAL GROUP (24 hours), 21081 South Western, Suite 150, Torrance, CA 90501 (310) 782-3333
Mission	HEALTHLINE MEDICAL GROUP – M-F 7:00 a.m. – 11:00 p.m. & Weekends and Holidays 9:00 – 6:00 15211 Vanowen Street, #105, Van Nuys, CA 91405, (818) 997-7711
Pierce	OCCUPATIONAL URGENT CARE PARTNERS 23018 Ventura Blvd., Woodland Hills, CA 91364 (818) 225-8444
Southwest	U.S. HEALTHWORKS (24 hours), 19401 S. Vermont Avenue, Building L #100, Torrance, CA 92408, (310) 324-5777
Trade	ALAMEDA MEDICAL INDUSTRIAL CLINIC (AMC) – M-F from 7:00 to 7:00 1907 E. Washington Avenue, Los Angeles, CA 90021, (213) 747-7667
Valley	HEALTHLINE MEDICAL GROUP – M-F 7:00 a.m. – 11:00 p.m. & Weekends and Holidays 9:00 – 6:00 15211 Vanowen Street, #105, Van Nuys, CA 91405, (818) 997-7711
West	VENICE CULVER MARINA MEDICAL GROUP – M-F from 9:00 to 6:00 & Sat. from 9:00 to 5:00 12212 West Washington Boulevard, Los Angeles, CA 90066, (310) 391-5241

IMPORTANT: SEE ADDITIONAL CLINICS ON REVERSE.

Issued by: _____ Title: _____

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BROTMAN MEDICAL CENTER, (24 hours) 3828 Delmas Terrace, Culver City, CA 90231, Phone: (310) 836-7000

CITIZEN'S MEDICAL GROUP – Monday: 8:00 – 7:30 & Tuesday – Friday 8:00 – 5:30
1300 North La Brea, Los Angeles, CA 90028, Phone: (323) 464-1336

COMP (Central Occupational Medical Providers), Open 24 hours – has courier van
8335 Valley Boulevard, City of Industry, CA 91744, Phone: (626) 581-8960

EXPRESSCARE MEDICAL CLINIC, M—F 7:00 a.m. – 5:00 p.m. and Weekends from 9:00 a.m. to 5:00 p.m.
8930 S. Sepulveda Boulevard, #200, Los Angeles, CA 90045, Phone: (310) 641-8111

HEALTHLINE MEDICAL GROUP – M—F from 7:00 a.m. – 11:00 p.m. & Weekends and Holidays from 9:00 – 6:00
15211 Vanowen Street, #105, Van Nuys, CA 91405, Phone: (818) 997-7711

LONG BEACH MEDICAL CLINIC (24 hours), 1250 Pacific Avenue, Long Beach, CA 90813, Phone: (562) 437-0831

OCCUPATIONAL URGENT CARE PARTNERS: West Oaks Urgent Care
20181 Saticoy Street, Canoga Park, CA 91306, Phone: (818) 225-8444

SAMARITAN HEALTH CENTER (After 6:00 p.m.), 637 South Lucas Avenue, Los Angeles, CA 90017,
Phone: (213) 977-4111

STACY MEDICAL/part of AMC (24 hours), 4580 Pacific Avenue, Vernon, CA 90058

WEST HILLS HOSPITAL MEDICAL CENTER (after 8:00 p.m.)
7300 Medical Center Drive, West Hills, CA 91307, Phone: (818) 340-0977

U.S. HEALTHWORKS (24 HOURS), 1212 South Flower, Los Angeles, CA 90015, Phone: (213) 747-0634,
Fax: (213) 747-5304

U.S. HEALTHWORKS (24 HOURS), 3430 South Garfield, Commerce, CA 90040, Phone: (323) 722-8481

U.S. HEALTHWORKS (24 HOURS), 3364 East Slauson Avenue, Vernon, CA 90058, Phone: (323) 584-0059

U.S. HEALTHWORKS (24 HOURS), 390 N. Sepulveda Blvd., Suite 1000, El Segundo, CA 90245, Phone: (310) 640-9911,
Fax: (310) 322-8068

U.S. HEALTHWORKS (24 hours), 16300 Roscoe Boulevard, Van Nuys, CA 91406, Phone: (818) 893-4426

U.S. HEALTHWORKS (24 HOURS), 9700 Desoto Avenue, Chatsworth, CA 91311, Phone: (818) 882-8100,
Fax: (818) 700-8255

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SECTION III: INSTRUCTIONS AND INFORMATION FOR PHYSICIANS

Caution: If you are the employee's personal physician who undertakes to provide treatment pursuant to Labor Code Section 4600 for occupational injuries and illnesses, you must follow all of the filing, reporting, and time requirements specified in Title 8 California Code of Regulations Section 9785, *Duties of the Employee-Selected Physician*. Failure to file any of the required reports may result in assessment of a civil penalty.

The Los Angeles Community College District is a self-insured employer with Third Party Administrator (TPA). Within three (3) working days after undertaking to provide initial treatment, you must notify the TPA of the name and address of the treating physician or facility, unless already listed as a District-authorized health care facility. These facilities are listed on the front side of this form. Within five (5) working days of your initial examination for every occupational injury or illness, you must send two (2) copies of the completed State of California form 5021, *Doctor's First Report of Occupational Injury or Illness*; one copy to the District and one copy to the TPA. Where the employee has been exposed to blood borne pathogens, regulated carcinogens, or toxic substances, you are required to provide the District and the TPA with your written opinion in accordance with any applicable Section of Title 8, California Code of Regulations for the specific substance within fifteen (15) days of your completed evaluation. Send all required reports and correspondence to the District and TPA. For timely payment, you may send invoices directly to the TPA.

District

Los Angeles Community College District
770 Wilshire Boulevard, 6th Floor
Los Angeles, CA 90017
Attn: Risk Management Department
Telephone: (213) 891-2697
Telephone: (213) 891-2400
Fax: (213) 891-2293

Third Party Administrator (TPA)

York Insurance Group
313 East Foothill Boulevard
Upland, CA 91786
Attn: LACCD TPA

Telephone: (909) 608-7171
Fax: (909) 608-7165

SECTION IV: INSTRUCTIONS AND INFORMATION FOR EMPLOYEES

To: Employee

From: Workers' Compensation Specialist

Should you become ill or injured on the job, you are entitled to first aid or emergency medical treatment, as necessary. Emergency medical treatment is that medical treatment reasonably required by an injured employee immediately following an occupational injury or illness which, if delayed, could decrease the likelihood of maximum recovery.

You are required to report all occupational injuries or illnesses to your onsite supervisor. In the event that the injury or illness requires medical treatment beyond "first aid" or results in "lost time" beyond the date of injury, the District must provide you with DWC Form 1, *Employee's Claim for Workers' Compensation Benefits*. "First aid" means any one-time treatment, and any follow-up visit for the purpose of observation of minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care. Such one-time treatment and follow-up visit for the purpose of observation, is considered first aid, even though provided by a physician or registered professional personnel. "Lost Time" means absence from work for a full day or shift beyond the date of injury or illness. You should have received DWC Form 1 at the time you reported the injury to your supervisor. If you did not receive this form or if the injury or illness subsequently requires medical treatment beyond first aid or results in lost time, please telephone the District's Workers' Compensation office at (213) 891-2397. A DWC Form 1, *Employee's Claim for Workers' Compensation Benefits* will be immediately mailed to your home. Listed below are instructions and information you need:

- **If you have not pre-designated your personal physician** in writing prior to the date of this occupational injury or illness, then your initial treatment will be directed by a physician and facility authorized by the District. These locations and telephone numbers are provided on the front side of this form. Take this form with you in reporting for your initial treatment. Within the first thirty (30) days following the date the occupational injury or illness was first reported, you may request an alternate physician from the Third Party Administrator and the request shall be honored within five (5) days. After thirty (30) days from the date the occupational injury or illness was first reported, you may change your treating physician to one of your own choosing by notifying, in writing or by telephone, the District's Workers' Compensation office or Third Party Administrator.
- **If you have pre-designated your personal physician** prior to the date of this occupational injury or illness, then your initial medical treatment may be directed by your personal physician or you may report for treatment at the appropriate authorized District location. For the purpose of utilizing an employee-selected physician, initial medical treatment does not include first aid or emergency medical treatment. If you are in need of transportation from work in order to receive treatment, you may only be transported to the appropriate authorized District location, as listed on the front side of this form. Your onsite supervisor is responsible for coordinating any needed transportation.