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NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give University Enterprises, Inc. the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Sedgwick, CMS, University Enterprises, Inc.'s workers compensation administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After Sedgwick, CMS has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist. Chiropractors may not continue as the primary treating physician after 24 visits.

Note: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless University Enterprises, Inc. has authorized additional visits in writing. The term "chiropractic visit" means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by a surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

You may use this form to notify University Enterprises, Inc. of your personal chiropractor or acupuncturist.

Chiropractor or Acupuncturist Information

_____

Chiropractor or Acupuncturist's Name

_____ _____

Street Address City State Zip

_____

Telephone

Employee: Complete this section

_____

Employee Name

_____

Street Address City State Zip

_____

Telephone

Employee's Signature_____Date:_____