



CompCHOICE
Certified Workplace Medical Plan

NOTICE TO EMPLOYEES

For an on-the-job injury to be covered, you must:

- Report the injury to your employer as soon as possible.
- Get an Authorization to Treatment Form from your employer, if medical attention is necessary. Present the Authorization to Treatment Form to the physician you see for initial treatment. (Except in the case of a life or limb threatening injury, when you should immediately go to the closest emergency room).
- Be treated by a CompCHOICE Network provider, or an approved non-network physician that you selected at the time of enrollment or annual re-enrollment. Seeking treatment with a non-network provider could result in non-payment of medical bills which may become your responsibility. This is in accordance to Section 14., C., 1., a & b and C.2., 14.2., and 14.3., of the Workers' Compensation Act.

In the event of an on-the-job injury, you have the right to:

- Select the CompCHOICE network provider of your choice for treatment. Provider directories are available through you supervisor or you may view the entire network at our website: www.compchoice.com
- Seek treatment from an approved non-network provider you selected at the time of your CompCHOICE enrollment or annual re-enrollment. Selection of an out of network provider is only available to enrollees that selected Option B during the open enrollment period.
- You have the right to file a Dispute with CompCHOICE on issues related to medical care. A dispute form will be made available to you by the CompCHOICE nurse case manager or you may obtain a form through our website: www.compchoice.com

For more information call
CompCHOICE Customer Service (405) 848-3595
1(800) 822-1852