



**CHIEF EXECUTIVE OFFICE  
Risk Management Division**

1010 10<sup>th</sup> Street, Suite 5900, Modesto, CA 95354  
P.O. Box 1723, Modesto, CA95353-1723

Phone: 209-525-5710 Fax: 209-525-5779

Date:

To: New Stanislaus County Employee

Subject: Workers' Compensation Benefits

The Administrative Director of the California Division of Workers' Compensation has approved the use of the attached **Facts about Workers' Compensation** pamphlet

Stanislaus County utilizes a Medical Provider Network (MPN). The attached MPN brochure explains what an MPN is and how to access a doctor within the network.

Please take the time to read through the MPN brochure and Facts about Workers' Compensation pamphlet. If you have any questions contact a member of the Disability Management Unit in the CEO-Risk Management Division at 209-525-5782 or the County's Third Party Administrator; Acclamation Insurance Management Services (AIMS) at 800-444-6157.

I have received a copy of the **Medical Provider Network (MPN)** brochure.

I have received and have read a copy of the **Facts about Workers' Compensation** pamphlet and have been provided with an Employee's Designation of Personal Physician form

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Department Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Department Representative Name

\_\_\_\_\_  
Department

**Return all completed forms to the CEO-Risk Management Division**