



**CHIEF EXECUTIVE OFFICE
Risk Management Division**

1010 10th 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 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 209-525-5710 or the County's Third Party Administrator; York Risk Services Group, Inc. at 800-922-5020.

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