WORKERS' COMPENSATION

Insured: B J Jordan Child Care Programs, Inc. dba Beanstalk

Ins. Co: Zenith Insurance Company Policy # Z143497801

Zenith Insurance Company
P.O. Box 9055 Van Nuys, CA 91409-9055
800-440-5020

MEDICAL PROVIDERS NETWORK - MPN ID 3142

Concentra Urgent Care (US Healthworks) Locations:

1. **Rancho Cordova**
   10670 White Rock Rd, Ste 100
   Rancho Cordova, CA 95670
   Mon-Fri: 8 am - 5 pm
   Ph: 916.364.1733
   Fx: 916.364.5255

2. **Rocklin**
   2305 Sunset Blvd
   Rocklin, CA 95765
   Mon-Fri: 8 am - 5 pm
   Ph: 916.632.9606
   Fx: 916.632.9706

3. **Sacramento Downtown**
   1675 Alhambra Blvd, Ste B
   Sacramento, CA 95816
   Mon-Fri: 8 am - 5 pm
   Ph: 916.451.4580
   Fx: 916.451.3119

4. **Sacramento North**
   4700 Northgate Blvd, Ste 100
   Sacramento, CA 95834
   Mon-Fri: 7 am - 7 pm
   Ph: 916.929.6161
   Fx: 916.929.1533

5. **West Sacramento**
   3680 Industrial Blvd, Ste 550-H
   West Sacramento, CA 95691
   Mon-Fri: 8 am - 5 pm
   Ph: 916.373.7575
   Fx: 916.373.1555

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California Employers Must Provide This Notice to Employees at Time of Injury

Time of Injury – Zenith Employee Notice
Hora de la lesión – Zenith Aviso Empleado

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Notice of Zenith Medical Provider Network (ZMPN)
ZMPN Identification Number 3142

Pursuant to Title 8, California Code of Regulations, Section 9767.12. Zenith* has implemented and your employer is participating in the Zenith Medical Provider Network ("ZMPN") for treatment of workers' compensation injuries and illnesses. The ZMPN is a statewide provider network comprised of physicians and other medical providers that provide medical and related services for work-related injuries or illnesses.

If you have questions about the ZMPN, please contact either your Zenith claims examiner or a ZMPN contact at:

Toll Free Number: 800-440-5020
Confidential Fax Number: 818-704-3839
Email Address: providergroup@thezenith.com

To learn more about the ZMPN visit www.thezenith.com/medical-networks. From the website you may access the ZMPN online directory as well as the Roster of All Treating Physicians and the Roster of All Participating Providers in the ZMPN. Click *Provider Search Tool*, and then select the appropriate response using the pull-down menus under *Who?*, *What?,* and *Where?*. Links to the Roster of All Treating Physicians and the Roster of All Participating Providers in the ZMPN are found at the bottom of the Find a Medical Provider search page.

You may also access the ZMPN online directory under the Injured Employee tab by clicking *Locating a Medical Provider* and then *Provider Search Tool* and then selecting the appropriate response using the pull-down menus under *Who?*, *What?,* and *Where?*. Links to the Roster of All Treating Physicians and the Roster of All Participating Providers in the ZMPN are found at the bottom of the Find a Medical Provider search page.

The online directory allows you to perform searches to locate a provider, create custom directories and rosters, and access a complete listing of all providers in the ZMPN. The Provider Search Tool includes:

1. ZMPN provider directory search by name or address;
2. Regional Directory search by city, county or zip code;
3. ZMPN Roster – All Treating Physicians;
4. ZMPN Roster – All Participating Providers.

Search functions also allow you to create directories and rosters of all providers by provider type within the various directory search tools.

MPN Complaints:

Complaints asserting that the ZMPN is not in compliance with 8 California Code of Regulations, Chapter 4.5, Subchapter 1, Article 3.5 or Labor Code sections 4616 through 4616.7 must be submitted in writing and include all information and accompanying documentation required under 8 CCR §9767.16. The complaint must be sent to:

Zenith Insurance Company
Attn: MPN Contact Complaints - Provider Group
21255 Califa Street
Woodland Hills, CA 91367

Or may be faxed to Attn: MPN Complaints – Provider Group at 818-704-3839. Verbal complaints will not be accepted. Communications directed to locations within Zenith other than the address designated above will not be considered as a complaint as defined by 8 CCR §9767.16.

Accessing Care Through the ZMPN: You are required to obtain care through ZMPN providers except for emergencies or when a provider is not available within the ZMPN. If you have predesignated your personal physician or medical group in writing prior to the injury or illness, then you may obtain treatment from the physician or medical group you predesignated. If access is not available in the ZMPN and you elect to treat with a non- ZMPN provider, you may be required to transfer to a ZMPN provider when access is available in the ZMPN.

Providers, including specialists, are included in the ZMPN by either individual name or as a group/clinic. If a group/clinic is not separately listed in the ZMPN directory then it is not in the ZMPN. Only providers listed by name are included in the ZMPN. When a provider is listed by name it does not mean that all providers in the same practice are also in the ZMPN. Additionally, providers rendering services and billing under a listed provider's name or tax identification number are not included in the ZMPN. Services rendered by providers, medical groups or clinics not listed in the ZMPN directory are out of network and subject to denial. Additionally, providers, medical groups and clinics are listed by location. Only those locations listed in the ZMPN directory are in the ZMPN. Services provided at any office location not listed in the ZMPN directory are out of network and subject to denial. A ZMPN directory may be obtained by calling Zenith toll free at 800-440-5020, online at www.thezenith.com/medical-networks or through your employer. Inaccuracies in the directory should be reported to the ZMPN using the contact information shown above. No passcode is required to access the directory. Click on the link "Find a Provider" to access the directory. Once in the directory, you may search for a provider by address, name, or region.

Zenith strives to ensure the accuracy of the information contained in the ZMPN online directory. However, provider addresses and phone number may change unexpectedly. Please contact either your Zenith claims examiner, the Zenith Provider Group, Medical Access Assistant at 800-440-5020 or provider if you need help with address verification prior to your appointment. If you find a discrepancy in the directory, please notify the Zenith Provider Group.

Emergency Care: In an emergency, call 911 or go to the nearest emergency medical center and have your employer contact Zenith at 800-440-5020. Care for emergency services may be obtained from any provider; however, ongoing care is required to be obtained from providers within the ZMPN.

Medical Access Assistants: Medical Access Assistants are specially trained customer service staff that can help you with ZMPN medical access issues. The Medical Access Assistant will work with you, your claims examiner and other Zenith staff as needed to help you find providers in the ZMPN, schedule medical appointments with ZMPN providers or address other ZMPN medical access concerns. To request help from a Medical Access Assistant, simply call Zenith at the toll-free number listed below and choose Medical Access Assistant from the menu:

Toll Free Number: 800-440-5020
Hours: Monday through Saturday
7:00 a.m. to 8:00 p.m. Pacific Standard Time

Provider Selection: If you have not predesignated your personal physician or medical group in writing prior to the injury, your employer will arrange an initial medical evaluation with a medically and geographically appropriate provider within the ZMPN. Following this initial appointment, and at any time thereafter, you may continue to be treated by this provider or select a provider of your choice from within the ZMPN whose specialty or recognized expertise is appropriate for your injury or illness. Under workers' compensation, an Injured Employee is entitled no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. A chiropractor may act as a treating physician for up to 24 visits unless Zenith elects to authorize continued treatment with the chiropractor. Therefore, if you select a chiropractor as your primary treating physician, you may be asked to select a new provider within the ZMPN when the 24-visit cap has been reached.

Access to Specialists: If you need a specialist, your treating physician can refer you to a specialist within the ZMPN whose specialty or recognized expertise is appropriate for your injury or illness. You may also self-refer to a specialist within the ZMPN so long as the provider is qualified to render the medically necessary services. Referrals outside of the ZMPN will be allowed only if an appropriate provider is not available within the ZMPN. Referrals to a specialist outside the ZMPN will be made by either your primary treating physician or your Zenith claims examiner. If you need assistance obtaining a specialist referral either within or outside the ZMPN, please contact your Zenith claims examiner. You will be required to select a ZMPN provider once treatment with an out-of-network specialist is complete.

Changing Providers: You can change providers within the ZMPN at any time, for any reason, but the providers you choose must be appropriate to treat your injury or illness. To change providers contact your Zenith claims examiner.

Access Standards: The ZMPN is required to include at least three (3) physicians in each specialty expected to commonly treat work-related injuries and illnesses in your industry. The ZMPN is required to provide access to primary treating physicians within 15 miles or 30 minutes and specialists within 30 miles or 60 minutes of your residence or workplace.

Upon completion of your treatment with a non- ZMPN physician, you will be required to receive all other treatment from a provider of your choice within the ZMPN. You may also be required to transfer to a provider within the ZMPN once access becomes available within the ZMPN.

Initial Treatment: The ZMPN provides first time treatment for a compensable work-related injury or illness within three (3) business days and initial visits for specialist treatment within twenty (20) business days of your request. If you need help choosing a provider or have trouble making an appointment with a provider in the ZMPN, please contact your Zenith claims examiner or a ZMPN Medical Access Assistant. If you request a ZMPN Medical Access Assistant to help schedule specialist treatment, then scheduling of the initial appointment will be completed within 10 business days of your request with the initial appointment occurring within 20 business days of your request.

Work or Travel Outside of the ZMPN: Zenith will also arrange for and approve non-emergency medical care if:

(1) you are authorized by your employer to temporarily work or travel for work outside of the ZMPN geographic service area,
(2) you are a former employee permanently residing outside of the ZMPN geographic service area and entitled to continuing workers' compensation benefits, or
(3) you decide to temporarily reside outside of the ZMPN geographic service area during recovery.

Your Zenith claims examiner, a ZMPN contact or your primary treating physician will give you a list of at least three (3) physicians who can treat you within the applicable access standard. In addition to providers within the ZMPN, you may choose to change providers among this list of physicians and may obtain a second and third opinion from this list of physicians. Zenith may also allow you to choose your own provider outside of the ZMPN.

Disagreements with Provider: If you disagree with your provider or wish to change your provider for any reason, you may choose another provider within the ZMPN. Contact Zenith and Zenith will assist with the change in provider. Provider listings are available upon request or online at www.thezenith.com/medical-networks.

Second and Third Opinions: If you disagree with the diagnosis or treatment prescribed by your primary treating physician or treating physician, you may ask for a second and, if necessary, a third opinion from another provider within the ZMPN. However, during this process, you are required to continue your treatment with your treating physician or a provider of your choice within the ZMPN. If either the second or third opinion physician agrees with your need for a treatment or test, you will be allowed to receive that medical treatment from a provider inside the ZMPN, including the second or third opinion physician.

To Request a Second Opinion, You Must:

(1) Inform the assigned Zenith claims examiner either in writing or orally that you are disputing the diagnosis or treatment prescribed by your primary treating physician or treating physician and that you are requesting a second opinion.
(2) Select a physician or specialist from a list of medically and geographically appropriate ZMPN participating providers.
(3) Make an appointment with the second opinion physician within 60 days.
(4) Inform your Zenith claims examiner of your appointment date.

If you do not make an appointment within 60 days of your receipt of the list of providers, you will not be allowed to have a second opinion with regard to this disputed diagnosis or treatment of this treating physician. The second opinion physician will render his or her opinion of the disputed diagnosis or treatment in writing and offer alternative diagnosis or treatment recommendations, if applicable. A copy of the written medical report will be given to you, your Zenith claims examiner and the treating physician within 20 days of the date of the appointment or receipt of the results of the diagnostic tests, whichever is later. You may obtain the recommended treatment within the ZMPN by changing physicians to the second opinion physician or other provider within the ZMPN. If you disagree with either the diagnosis or treatment prescribed by the second opinion physician, you may seek the opinion of a third

physician within the ZMPN. The process and responsibilities are the same as those outlined above for the second opinion process. If after the third opinion, you still disagree with your treating physician and the diagnosis or treatment that the third opinion physician recommends, you may ask for a MPN Independent Medical Review.

MPN Independent Medical Review Process Under Title 8 CCR §9768.1 et seq.

In order to request a MPN Independent Medical Review you must file a completed MPN Independent Medical Review application form with the Administrative Director. At the time you select a physician for the third opinion you will be given information on requesting an independent medical review and the MPN independent medical review application form. You will be notified of your right to an independent medical review at the time you select a physician for the third opinion. If, after completing the evaluation, the Independent Medical Reviewer agrees with the diagnosis, diagnostic service or medical treatment prescribed by the treating physician, you will continue to receive medical treatment from physicians within the ZMPN. If, after completing the evaluation, the Independent Medical Reviewer does not agree with the diagnosis, diagnostic service or treatment prescribed by your treating physician, you may seek medical treatment with a physician or medical group of your choice either within or outside the ZMPN. If you choose to receive medical treatment with a physician outside the ZMPN, the treatment is limited to the treatment recommended by the Independent Medical Reviewer or the diagnostic service recommended by the Independent Medical Reviewer. Once this treatment is completed, you will receive all other treatment with a provider of your choice back in the ZMPN.

For assistance with arranging a MPN Independent Medical Review, please contact either your Zenith ZMPN contact at:

Toll Free Number: 800-440-5020
Email Address: providergroup@thezenith.com

Utilization Review Independent Medical Review Process under Labor Code 4610.5 et seq.:

If a utilization review decision denies or modifies a treatment recommendation of your provider, you may request a utilization review independent medical review. Neither Zenith nor the employer will have any liability for medical treatment furnished without authorization. The Administrative Director will review your request and if approved submit it to an independent review organization for review.

Independent Medical Review Assistance from DWC:

If you have questions about the MPN Independent Medical Review process or the Utilization Review Independent Medical Review process, you may contact the California Information & Assistance Unit at:

Phone: 800-736-7401
Website: https://www.dir.ca.gov/dwc/ianda.html

Transfer of Care: Transfer of care may apply if you were receiving care from a non-ZMPN provider when:

(1) Treatment for a compensable claim began with the non-ZMPN provider before the effective date of the implementation of the ZMPN;
(2) You made a predesignation of a personal physician and the predesignation does not meet the requirements of Labor Code section 4600(d); or
(3) You are treating with a non-ZMPN physician for other reasons that would allow transfer to a ZMPN provider pursuant to applicable laws and statutes.

You may be eligible to continue treatment with your non-ZMPN provider for up to a year if your injury or illness is a condition that meets the definition of a Qualifying Condition as set forth below.

You may request a copy of the ZMPN Transfer of Care Policy in English or Spanish from your Zenith claims examiner or a ZMPN contact, Provider Group at 800-841-3988. Please review the entire ZMPN Transfer of Care Policy for additional information on your rights and obligations.

Continuity of Care: The Continuity of Care Policy describes what will happen if your physician is removed, terminated or ceases participation in the ZMPN. If you are being treated for a work-related injury in the ZMPN and your physician ceases to participate in the ZMPN, your physician may be allowed to continue to treat you for up to a year if he or she agrees to do so according to the terms and conditions of the ZMPN and your injury or illness is a condition that meets the definition of a Qualifying Condition as set forth below.

If any of the above conditions exist, Zenith may require your physician to agree in writing to the same terms he or she agreed to when he or she was a provider in the ZMPN. If the physician does not agree, he or she may not be able to continue to treat you. If the contract with your physician was terminated or not renewed from the ZMPN for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that physician. If Zenith decides that you do not qualify to continue your care with the non-ZMPN provider, Zenith will send you and your primary treating physician a letter notifying you of this decision. You may request a copy of the ZMPN Continuity of Care Policy in English or Spanish from your Zenith claims examiner or a ZMPN contact, Provider Group at 800-841-3988. Please review the entire ZMPN Continuity of Care Policy for additional information on your rights and obligations.

Qualifying Conditions: A Qualifying Condition means a condition that is one of the following:

Acute Condition: Your condition involves a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and for which treatment will be completed in less than 90 days.

> **Serious Chronic Condition:** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating physician for up to one year, until a safe transfer of care can be made.
>
> **Terminal:** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
>
> **Pending Surgery or Other Procedure:** You already have a surgery or other procedure that has been authorized by Zenith that will occur within 180 days of the ZMPN effective date or termination of contract date between the MPN and your doctor.

Predesignation: You may predesignate your personal medical doctor (M.D.), doctor of osteopathic medicine (D.O.), or medical group to act as your treating physician for a work related injury or illness. Predesignation must be made before the date you incur a work-related injury or illness and it must be made in writing. Predesignation must meet both Labor Code 4600(d) and 9780.1. Only employees who have health care coverage for non-occupational injuries or illnesses on the date of injury are eligible to predesignate a personal physician. Please contact your ZMPN contact if you would prefer to use a Predesignation of Personal Physician form. You may also obtain a Predesignation Form from your employer or online at www.thezenith.com/medical-networks.

Division of Workers' Compensation (DWC): If you have concerns, complaints or questions regarding the ZMPN, the notification process, or your medical treatment after a work-related injury or illness, you may call the Information & Assistance Unit at the Division of Workers' Compensation at 800-736-7401 or go to the DWC's website at www.dir.ca.gov/dwc and under "Workers compensation Programs and Units" click on "Medical Unit" and then click on "medical provider networks" for more information about medical provider networks.

All communications with the DWC must include the ZMPN Identification number 3142.

*Zenith means Zenith Insurance Company (ZIC), acting on behalf of itself or its wholly-owned subsidiary, ZNAT Insurance Company (ZNAT) or acting only in the capacity of claims administrator. Refer to your policy to determine whether the underwriting carrier is ZIC or ZNAT. If neither ZIC nor ZNAT is your carrier, then Zenith is acting only as the claims administrator.

The following is a list of the locations and telephone numbers of information and assistance officers. This list is also available online at www.dir.ca.gov/DWC/ianda.html

Anaheim 1065 N. PacifiCenter Drive Anaheim 92806-2141 714-414-1801	Bakersfield 1800 30th Street, Suite 100 Bakersfield, CA 93301-1929 661-395-2514	Eureka 409 K Street, Room 201 Eureka, CA 95501-0481 707-441-5723	Fresno 2550 Mariposa Mall, Room 5005 Fresno, CA 93721-2219 559-445-5355
Long Beach 300 Oceangate Street, Suite 200 Long Beach, CA 90802-4304 562-590-5240	Los Angeles 320 W. 4th Street, 9th floor Los Angeles, CA 90013-1954 213-576-7389	Marina del Rey 4720 Lincoln Blvd, 2nd floor Marina del Rey, CA 90292-6902 310-482-3820	Oakland 1515 Clay Street, 6th floor Oakland, CA 94612-1519 510-622-2861
Oxnard 1901 N. Rice Ave., Suite 200 Oxnard, CA 93030-7912 805-485-3528	Pomona 732 Corporate Center Drive Pomona, CA 91768-2653 909-623-8568	Redding 250 Hemsted Drive, 2nd floor, Suite B Redding, CA 96002-9040 530-225-2047	Riverside 3737 Main Street, Room 300 Riverside, CA 92501-3337 951-782-4347
Sacramento 160 Promenade Circle, Suite 300 Sacramento, CA 95834-2962 916-928-3158	Salinas 1880 North Main St., Suite 100 Salinas, CA 93906-2037 831-443-3058	San Bernardino 464 W. Fourth Street, Suite 239 San Bernardino, CA 92401-1411 909-383-4522	San Diego 7575 Metropolitan Drive, Suite 202 San Diego, CA 92108-4424 619-767-2082
San Francisco 455 Golden Gate Ave., 2nd floor San Francisco, CA 94102-7014 415-703-5020	San Jose 100 Paseo de San Antonio, Rm 241 San Jose, CA 95113-1402 408-277-1292	San Luis Obispo 4740 Allene Way, Suite 100 San Luis Obispo, CA 93401-8736 805-596-4159	Santa Ana 2 MacArthur Place, Suite 600 Santa Ana, CA 92707-7704 714-942-7576
Santa Barbara 130 E. Ortega Street Santa Barbara, CA 93101-7538 805-568-1295	Santa Rosa 50 “D” Street, Room 420 Santa Rosa, CA 95404-4771 707-576-2452	Stockton 31 E. Channel Street, Room 344 Stockton, CA 95202-2314 209-948-7980	Van Nuys 6150 Van Nuys Blvd., Room 105 Van Nuys, CA 91401-3370 818-901-5367

ADDITIONAL INFORMATION & RESOURCES

Visit TheZenith.com:

- To watch a video about healing
- To obtain a complete list of ZMPN providers in your area
- To find a participating pharmacy
- To read more about the claim process

If you need to speak to someone regarding the ZMPN, call Zenith’s Provider Group at 800-440-5020.

Zenith Pharmacy Network* Employee Notice

Zenith* provides pharmaceutical services for compensable work-related injuries through the Zenith Pharmacy Network (ZPN). Zenith has selected Cadence Rx as the pharmacy benefits manager for the ZPN. All prescriptions for accepted work-related injuries must be obtained through a participating ZPN pharmacy. Bills for prescriptions obtained outside of the ZPN may be denied.

Provider offices are not included in the ZPN and medications dispensed from a provider's office will not be reimbursed unless the dispensed medication is a medically necessary:

- antiviral,
- antibiotic, or
- intrathecal pain pump (including refill).

Bills for antiviral, antibiotic medications or intrathecal pain pump (including refill) dispensed from a provider's office will be reimbursed pursuant to the California Official Medical Fee Schedule. Prescriptions for antiviral and antibiotics filled by a pharmacy are required to be dispensed by a participating ZPN pharmacy. Zenith also allows office dispensing as specifically required by applicable laws.

Network Limitations:

- You must present your workers' compensation pharmacy card to a participating ZPN pharmacy in order to receive medications.
- Only medically necessary medications used to treat work-related injuries and body parts accepted by Zenith are covered.
- All medications must be obtained from a participating ZPN pharmacy.
- Medications dispensed at a provider's office are not covered unless they are a medically necessary intrathecal pump (including refill) or an antibiotic or antiviral.
- Some medications may not be on the ZPN formulary list. Drugs on the formulary list generally will not require prior authorization when prescribed for an accepted work-related injury. If a drug is not on the ZPN formulary, the pharmacy will contact PMSI to try to request approval while you are at the pharmacy. If the pharmacy is not able to obtain approval the pharmacy may, at its discretion, provide you a partial fill until a determination is received.
- You should not be charged any amounts for medications related to an accepted compensable work-related injury (this includes deductibles and co-pays). However, you are responsible for charges related to any medication for conditions or body parts that have not been accepted as part of a work-related compensable injury.
- Your prescribed medication may be subject to Utilization Review. If Utilization Review is required, you may not be able to obtain your prescription the same day it is submitted to the pharmacy.
- Mail order services are available. To learn more about mail order services please contact Cadence at 888-813-0023.
- If a pharmacy you are using ceases to participate in the ZPN for any reason, you will be required to transfer your prescriptions to a participating pharmacy.
- Once you receive notice of the ZPN, regardless of when that notice is received, you will be required to obtain all new prescriptions and refills through the ZPN.

Dispute Resolution:
If you disagree with your provider about your medical prescriptions or disagree with a ZPN benefit determination, you may have the right to request a second or third opinion, an Independent Medical Review, or review by a Qualified Medical Evaluator under the processes that govern medical provider networks. Separate appeal rights are not provided through the pharmacy network. Contact your Zenith claims examiner if you have questions concerning these processes.

Division of Workers' Compensation Contacts:
For questions about the independent medical review process, you may contact the California Department of Industrial Relations, Division of Workers' Compensation Medical unit at:

DWC – Medical Unit
P.O. Box 71010, Oakland, CA 94612
Toll Free Number: 510-286-3700 or 800-794-6900

For concerns, complaints or questions regarding the ZPN, the notification process, or your medical treatment after a work-related injury or illness, you may call the Information & Assistance Unit at the Division of Workers' Compensation at 800-736-7401.

How to Obtain Medicines:
Please read the following information carefully as it contains instructions on the required use of a participating plan/network pharmacy to receive your medications. If there are no pharmacies where you are located, contact Zenith and Zenith will provide you a list of pharmacies that you may use under the ZPN global access policy.

New Injuries:
(1) Upon receiving notice of injury, your employer will provide you with a First Fill Pharmacy Card to be used at a participating plan/network pharmacy.
(2) Give the card to the pharmacist with your prescription.
(3) The pharmacist will fill your prescription. By using a participating ZPN pharmacy, you should not receive a bill for your medications.
(4) A permanent workers' compensation pharmacy card will be mailed to you.
(5) Use the permanent card each time you have a prescription filled for your work-related injury.

Existing Injuries:
Medications for your work-related injury will be provided (subject to limitations) under the ZPN effective immediately.
(1) You will receive a permanent workers' compensation pharmacy card in the mail.
(2) If you are receiving your work injury–related medications from a non-network pharmacy, your prescriptions must be transferred to a ZPN pharmacy before your next fill. Simply go to a ZPN pharmacy with your pharmacy card and request that they transfer your prescription(s) to their pharmacy.
(3) If you are already using a pharmacy that is in the ZPN, take the pharmacy card in the next time you need a refill or have a new prescription related to your work injury.
(4) The card will identify you to the pharmacist for our workers' compensation pharmacy network program.
(5) The pharmacist will fill your prescription. By using a ZPN pharmacy, you should not receive a bill for your medications. If you do, please contact us.

Contact Information
Workers' Compensation Insurance Carrier and Claims Administrator:

Zenith Insurance Company / ZNAT Insurance Company
21255 Califa St., Woodland Hills, CA 91367
Toll Free Number: 800-440-5020
Email: providergroup@thezenith.com

Pharmacy Network:
Zenith Pharmacy Network – Effective the later of September 15, 2011 or the date your employer first became insured through Zenith.

Pharmacy Network Benefits Manager:
Cadence Rx Toll-Free Telephone: 888-813-0023
Online pharmacy locator tool: TheZenith.com

*Zenith means Zenith Insurance Company (ZIC), acting on behalf of itself or its wholly-owned subsidiary, ZNAT Insurance Company (ZNAT) or acting only in the capacity of claims administrator. Refer to your policy to determine whether the underwriting carrier is ZIC or ZNAT. If neither ZIC nor ZNAT is your carrier, then Zenith is acting only as the claims administrator.

The pharmacy network was established pursuant to Labor Code 4600.2(a) which allows insurers to contract with a specific group of pharmacies or a pharmacy benefit network to provide medicines and medicinal supplies to injured employees.

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TheZenith®
A FAIRFAX Company

AUTHORIZATION FOR RELEASE OF EMPLOYMENT/PUBLIC/INSURED RECORDS

First, Middle, Last Name: _____
Social Security No.: _____-_____-_____ Date of Birth: _____
Claim Number: _____

This will authorize Zenith Insurance Company or their subsidiaries to review, inspect, copy and/or photocopy any and all of the following which are in your possession or control. This information is required for investigation and evaluation of the workers' compensation claim submitted by the signing patient/applicant.

[X] EMPLOYMENT/EDUCATION
Additionally, I authorize my current/former employer, school, and/or correctional facility to release all personnel, attendance, and wage records of employ(s) or school(s).

[X] PUBLIC
I authorize the release of any and all police, ambulance, fire or other investigation reports, records and/or documents and papers of every kind or nature concerning the accident or other incident in which the undersigned was involved.

[X] INSURANCE
I authorize the release of any and all insurance claim files dealing with prior, present, or subsequent claims for injury or damages.

HIPAA: The employment/education, public, and insurance records identified above may contain medical information. I understand that by signing this Authorization for Release of Employment/Public/Insured Records that any entity or individual identified above may release information subject to Healthcare Insurance Portability and Accountability Act (HIPAA) restrictions. I specifically waive any rights or protections that I may have under the HIPAA regulation and request that the entities or individuals identified above release the requested information.

This authorization shall remain in effect for ONE year from the date it is signed. I understand that I am entitled to receive a copy of this authorization.

Do not sign this form unless you have read it carefully and understand all of its provisions.

Signed: _____ Dated: _____

A PHOTOCOPY OF THIS ORIGINAL IS TO BE TREATED AS AN ORIGINAL

TheZenith®
A FAIRFAX Company

AUTHORIZATION FOR THE DISCLOSURE OF PROTECTED HEALTH INFORMATION

TO WHOM IT MAY CONCERN:

I, the undersigned, hereby authorize and permit Zenith Insurance Company on behalf of itself and its subsidiary ZNAT Insurance Company to contact any and all physicians, hospitals, clinics, health or rehabilitation facilities, pharmacies, or other providers of medical services or products, that have examined, treated, or provided medical services or products to me at any time ("health care providers").

I authorize Zenith to obtain and the health care providers to release to Zenith or its designated representative copies of full and complete medical records, reports, diagnostic tests and test results or other documents related to the nature and extent of the treatment given or services and products provided and all health information relative to my physical condition, past, present or future, including but not limited to medical records, hospital records, physician orders, progress notes, nurses' notes, pathology reports, history/physical exams, patient allergies, discharge summaries, billing information, past/present medications and prescriptions, operation reports, diagnostic test reports, radiology reports and images, lab tests and results, consultation reports, EKG/Cardiology reports. **I specifically authorize Zenith to obtain and providers to release to Zenith or its designated representative reports concerning psychological or psychiatric conditions, treatment for alcohol or drug abuse, and treatment of communicable diseases including acquired immunity deficiency syndrome or human immunodeficiency virus.** I also authorize Zenith to obtain and health care provider or testing facilities to release to Zenith or its designated representative any blood/urine/hair/tissue samples for any testing or evaluations deemed necessary by Zenith for Workers' Compensation health care operation purposes.

I specifically declare and direct that a xerox or other photocopy of this authorization may be used by Zenith, and may be considered to have the same force and effect as the original of this authorization.

Disclosure of said items is for the purpose of workers' compensation health care operations including evaluating medical issues involved in my workers' compensation claim. This release will authorize the release of any and all documents or medical records included in any insurance claim files dealing with prior, present, or subsequent claims for injury or damages.

I understand that Workers' Compensation is exempt from HIPAA requirements and Zenith may obtain medical records without an authorization in certain states. By requesting this authorization, Zenith is not waiving its right to obtain records without authorization where allowed by state law. I understand that authorization is not required under HIPAA for disclosures related to health care operations including treatment, payment, performing certain insurance functions, or as may be otherwise authorized by law. I am aware that I may inspect or copy the protected health information to be used or disclosed as provided in § 164.524 of the Health Insurance Portability and Accountability Act ("the Act"). Covered entities may use this form or any other form that complies with HIPAA, state medical privacy acts, and other applicable laws. I am aware that I may refuse to sign this authorization. Individuals cannot be denied non-workers compensation treatment based on a failure to sign this authorization form, and a refusal to sign this form will not affect the payment or eligibility for health care benefits unrelated to workers' compensation. Where allowed by state law, workers' compensation insurance carriers may deny benefits to an injured worker for failure to cooperate with a claim investigation which includes refusal to release medical records. I am aware that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Sections 164.500 through 164.534 of the Act. I am aware that I have a right to revoke this authorization provided that the revocation is in writing, except to the extent that Zenith has taken action in reliance thereon. If I do not revoke it, this authorization will remain in effect for the duration of my workers' compensation claim. A copy of this authorization has been provided to me.

Printed Name of Claimant	Claimant Signature
Date	Social Security Number
Date of Birth	Claim Numbers

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