

California Medical Provider Network (MPN) Acknowledgement Form

I have received the information that tells me how to obtain medical care within the Gallagher Bassett Platinum-M MPN, MPN Identification Number 2471.

I understand that if medical care is needed for a work-related injury I must be treated by an approved doctor to qualify for benefits. Approved doctors are either a physician in the Medical Provider Network or my predesignated personal physician.

In case of an emergency, I understand that I should call 911 or go to the closest emergency room.

(Signature) (Date)

(Printed Name)

I live at _____
(Street Address)

(City) (State) (Zip Code)

Name of Employer _____