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**NOTICE OF ABSENT WORKERS' COMPENSATION MEDICAL PROVIDER NETWORK AGREEMENT
(NOTICE OF CALIFORNIA LABOR CODE 5307.11)**

We are in receipt of your request to provide (consult and/or treatment) services to your injured worker/employee. We will be glad to provide the services necessary; however, absent a formal medical provider network (MPN) agreement (and before initiating our services), we require your written/signed authorization below to reimburse our services at 100 percent of our billed charges (as allowed under California Labor Code 5307.11 and for the reason summarized immediately below).

Effective January 1, 2014, Senate Bill 863 requires that Workers' Compensation carriers and our Medical Providers (**Ross Nathan, M.D.** and **George A. Macer, M.D.**) have a written, signed MPN agreement in place, which (at minimum) outlines agreed-upon network-participation rules/guidelines and reimbursement rates for services rendered. Please be informed that to-date, our Office has not received any formal, written MPN invitation/agreement from your organization. Therefore, as stated above, we will appreciate your acknowledgment below agreeing to full-reimbursement of our billed charges for the services you are requesting.

For questions regarding this notice, please contact our Office at (562) 424-9000, Monday through Friday, between 9:00 a.m. and 4:00 p.m.

CARRIER ACKNOWLEDGMENT/AUTHORIZATION:

PATIENT NAME: _____

INJURY/CONDITION: _____

CLAIM NO.: _____ DATE OF INJURY: _____

SERVICE(S) REQUESTED: _____

INSURANCE CARRIER (NAME): _____

CLAIMS REPRESENTATIVE (NAME): _____

CLAIMS ADDRESS: _____

TELEPHONE: _____ FAX: _____

With my signature below, I acknowledge that I have read and agree to the terms summarized above. Specifically, I understand that my carrier does not have a formal, written MPN agreement in place with Dr. Ross Nathan and/or Dr. George A. Macer. Therefore, I agree that these providers be reimbursed their "billed charges" for the services indicated above. In exchange for full reimbursement, I also understand that, in accordance with community standards, Dr. Nathan and Dr. Macer will provide timely services, reports and other communications despite the absence of a formal, written MPN agreement.

SIGNATURE: _____

DATE: _____