

CA MPN Materials for Distribution

Document Number	Title of Document	Purpose of Document	Required Action	Responsible Party
<b>Mandatory Return to Sedgwick MPN Coordinator</b>				
1	Atlas MPN Acknowledgement Form	This form serves as an official document attesting to proper adoption of the MPN. This allows the MPN to be enforced & to direct medical care for all worksite injuries.	Required. Upon completion of the MPN notification process, an acknowledgement form must be signed and mailed to Sedgwick.	Employer
<b>Posting Notices</b>				
2	DWC 7 Form; English & Spanish	Notice explaining the CA MPN that provides search information to find MPN providers. Includes rights and responsibilities within the MPN.	<b>Required.</b> Employer must post this notice at every CA worksite next to the Complete Written Employee Notice, both English and Spanish as necessary.	Employer
<b>New Hire Notice</b>				
3/3a	New Hire Form; English & Spanish	Required form for all newly hired employees. Included with pre-designation form.	<b>Employer requirement not MPN requirement.</b> Must be sent to each CA employee <i>on date of hire</i> , both English and Spanish as necessary.	Employer
<b>Mandatory As-Needed Notices</b>				
4/4a	Physician Pre-designation	Form used by employees to pre-designate a physician for treatment of work comp injuries.	<b>As-Needed.</b> Must be provided to employee upon employees request to pre-designate a physician for treatment of work comp injuries; after physician signs form the employee returns a signed copy to the employer prior to any workplace injury.	Employer



## MPN IMPLEMENTATION ACKNOWLEDGEMENT FORM

Once the required MPN notices have been posted, please complete and return this form to the Sedgwick MPN team. Please note, this form is for tracking purposes only and does NOT replace your own record of when MPN notices were posted. The items marked with an asterisk (\*) are required.

\* Employer/Insured Name (print or type): \_\_\_\_\_

\* Address: \_\_\_\_\_

\* Employer Email Address: \_\_\_\_\_

\* Workers' Compensation Policy Number: \_\_\_\_\_

\* Number of California employees: \_\_\_\_\_

\* Carrier: Falls Lake Fire and Casualty Company

### Employer Requirements:

In compliance with Title 8, California Code of Regulations §§9767.12 and 9767.16, Employer, named above, verifies that it has posted the **DWC7 Form** in English and Spanish in a conspicuous location at the worksite(s) for convenient viewing by employees.

\* **Posting Date:** MM/DD/YYYY \* \_\_\_\_\_

\* **MPN Effective Date:** MM/DD/YYYY \* \_\_\_\_\_

*(MPN notices must be posted at least one day before your chosen MPN effective date. For example, if you want your MPN to be in effect starting 7/1/2016, the MPN notices must be in place no later than 6/30/2016. Your MPN effective date does not have to be the same as your policy's effective date.)*

\* Name of Employer Representative: \_\_\_\_\_

\* Title of Employer Representative: \_\_\_\_\_

By signing below, the authorized Employer Representative acknowledges that the Employer Requirements for MPN implementation as listed on the **CA MPN Materials for Distribution Instructions** have been completed.

\* Signature of authorized Employer Representative: \_\_\_\_\_

\* Signature Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Send this completed **MPN Implementation Verification Form** to:

**Sedgwick – MPN Coordinator**  
10690 White Rock Road, Suite 100  
Rancho Cordova, CA 95670

Questions regarding the MPN: Call 800-625-6588 or email Sedgwick at [MPNCoordinators@sedgwickcms.com](mailto:MPNCoordinators@sedgwickcms.com)