NOTICE OF EMPLOYEE'S RIGHT TO CHOOSE A DOCTOR

For questions about this form or workers' compensation in general, contact the Nebraska Workers' Compensation Court at 800-599-5155 (toll free) or 402-471-6468, or by email at general@wcc.ne.gov. Additional information is available on the court's website at https://www.wcc.ne.gov/.

NOTICE TO EMPLOYER: Give this form to the injured worker as soon as possible AFTER each injury.

EMPLOYEE MAY CHOOSE

When you are injured at work, you may have the right to choose a doctor to treat you. See Neb. Rev. Stat. § 48-120 and Neb. Workers' Comp. R. 49, 50 and 56.

If your employer gives you notice of this right following the accident, your choice of doctor is limited to a doctor who has treated you or an immediate family member before the injury.

- You must choose as soon as possible after your employer gives you this notice.
- If you have such a doctor and want that doctor to treat you for your work injury, you must tell your employer the name of the doctor.
- You can use the *Choice of Doctor Designation Form* below to record the name of the doctor you choose.
- Immediate family members are your spouse, children, parents, stepchildren, and stepparents.
- If your employer asks, you or your family member must give your employer written permission to verify prior treatment.

If it is an emergency, get the treatment you need, then tell your employer the name of your doctor.

You may choose any doctor to perform major surgery or an amputation, if that treatment is recommended.

Once you choose your doctor, you may not change doctors unless your employer agrees or the Nebraska Workers' Compensation Court orders a change. The chosen doctor may provide a referral for medical services. A referral by the chosen doctor is not a change.

If your claim is denied, you may choose any doctor. You will be responsible for the medical bills unless your employer is later found liable for the claim.

If you choose a doctor outside the community where you live or work, and a doctor is available in a closer community, you will not receive mileage reimbursement.

EMPLOYER MAY CHOOSE

If you were notified, but do not choose a doctor who treated you or a family member before the accident, YOUR EMPLOYER HAS THE RIGHT TO CHOOSE YOUR DOCTOR.

If you were notified, but you or your family member do not give permission for your employer to verify prior treatment with the doctor you choose, YOUR EMPLOYER HAS THE RIGHT TO CHOOSE YOUR DOCTOR.

EMPLOYEE CONFIRMATION OF NOTICE

My employer has informed me of the right to choose a doctor.

_____
[EMPLOYEE NAME]

_____
[EMPLOYEE SIGNATURE]

_____
[DATE OF NOTICE]

EMPLOYER CONFIRMATION OF NOTICE

I have informed my employee of the right to choose a doctor.

_____
[EMPLOYER REPRESENTATIVE NAME]

_____
[EMPLOYER REPRESENTATIVE SIGNATURE]

_____
[DATE OF NOTICE]

CHOICE OF DOCTOR DESIGNATION FORM

I choose the following doctor to treat me for the work-related injury I had on _____. I certify that this doctor has treated me or an immediate family member before the work-related injury.
[DATE OF INJURY]

_____
[DOCTOR NAME]

_____
[DOCTOR ADDRESS, IF KNOWN]

_____
[EMPLOYEE SIGNATURE]

_____
[DATE]

OR (Indicate your reason(s) for not choosing a doctor)

☐ I do not have a doctor who has treated me or an immediate family member before this injury.

☐ I have received notice of my right to choose a doctor, but I do not wish to choose a doctor who has treated me or an immediate family member.

_____
[EMPLOYEE SIGNATURE]

_____
[DATE]