

City of Los Angeles
California



KAREN R. BASS
MAYOR

AN EQUAL EMPLOYMENT
OPPORTUNITY EMPLOYER

WWW.LACITY.ORG/PER

Date

Employee Name
Employee Address

Employee:
Claim No.:
Date of Injury:
MPN Id # 3096

Dear [Employee Name](#),

The City of Los Angeles has implemented a State approved Medical Provider Network (MPN) as part of their workers' compensation program for its employees. The MPN has been designed to ensure that immediate quality care is provided in the event of a workplace injury.

Although your employer maintains a safe working environment for their employees, they cannot foresee all injuries.

When an incident occurs, the Claim Analyst is required by the State to send you the attached documents.

Your employer shall arrange for the initial medical evaluation for you with an MPN physician or facility. Thereafter, you have the right to elect a primary treating physician within the MPN.

You do have the right to choose to treat outside of the MPN as stated in Labor Code 4605.

§ 4605 Employee right to consulting physician

Nothing contained in this chapter shall limit the right of the employee to provide, **at his / her own expense**, a consulting physician or any attending physician whom he / she desires.

If you need assistance navigating the MPN website or finding a doctor, Signature Networks PLUS' Medical Access Assistant (MAA) is available to assist you in English and Spanish, Monday through Saturday from 7am-8pm (Pacific) at maalappl@cityoflamps.com or (877)657-8451. If you have any other questions or concerns, please feel free to call me at (xxx) xxx-xxxx or e-mail me at [Workers' Compensation Analyst's email](#).

Sincerely,

Name
[Workers' Compensation Analyst](#)

Enclosures: Complete Written Employee Notification Re: Medical Provider Network

Cc: