



Free Choice of Personal Physician Form

Employees in California should use the form developed for California pre-designations located on Flying Together>Corporate Safety>WC_Mgnd>WorkComp

Note: Pre-Designation is not available in the following states, which limit employers' and/or employees' ability to select treating physicians. As such, the following procedures will be followed:

- Montana : employee may select treating physician. Pre-designation is not required.
• Nevada : employee may select treating physician from the GB panel. Pre-designation is not required.
• Oregon : employee may select treating physician. Pre-designation is not required.
• Texas : employee may select treating physician from the United Airlines Texas HCN. Pre-designation is not required.
• Washington : employee may select treating physician. Pre-designation is not required. If the state's Labor and Industry Department has established a health care provider network in the employee's geographic area, the employee must get ongoing care from a provider in that network but may see a non-network provider for the initial visit.

In the event of an occupational injury/illness, I wish to be treated by my "personal physician"* as permitted by the Collective Bargaining Agreement. I understand that in the event that I am unconscious and am in need of emergency medical treatment, United is hereby authorized to provide such treatment at an appropriate emergency medical facility or facilities.

The name and address of my physician is as follows:

Physician's name: _____
Mailing Address: _____
City, State, Zip: _____

*A "personal physician" is the employee's regular physician or surgeon (not a chiropractor or other degreed professional) who has previously directed the medical treatment of the employee and who retains the employee's medical records and medical history.

I confirm that the above named physician is indeed my personal physician and last treated me on _____ (enter date of most recent treatment with this physician).

Employee name: _____ Emp ID #: _____ Co. address code: _____
Employee home address: _____
City, State, Zip: _____

Provided to:
Supervisor name: _____ Co. address code: _____
Supervisor signature: _____ Date: _____
Employee signature: _____ Date: _____

Copies to: Employee and local medical file. Supervisor sends to GENEX for validation via email or USPS to:
UA_Predesignation@genexservices.com

GENEX Services, LLC
Attn: UA pre-designation
440 East Swedesford Rd, Suite 1000
Wayne, PA 19087

Please do not have your physician sign this form prior to submitting to GENEX for validation.

GENEX will send this form with a pre-designation validation letter to the physician. Validation is confirmed by GENEX sending this form directly to your chosen physician and the physician returning the signed form directly to GENEX.

Dear Physician:

If you agree to this pre-designation, please sign and return this form to GENEX within 30 days. You may also authorize a designated employee to sign this form on your behalf.

Physician Signature: _____ **Date:** _____