



**INDUSTRIAL COMMISSION OF ARIZONA
800 W WASHINGTON STREET
PHOENIX, ARIZONA 85007
(602) 542-4661**

SELF-PROVIDER OF MEDICAL BENEFITS FORM

Please complete and return this form to the ICA with the applicable documentation attached.

Name of Self-insured Employer:

We do not direct medical care for injured workers¹.

We direct medical care for injured employees under A.R.S. § 23-1070.

If medical care is directed, then you are required to provide the ICA a detailed statement of the arrangements between the self-insurer and medical provider, which includes:

1. The name, address, telephone number, fax number and email address for each medical provider included in the arrangement;
2. A description of services provided and how employees are informed of the services provided (e.g. bulletin notifications, payroll stuffers, etc.-Samples may be provided);
3. The effective date for services provided.

In lieu of providing a detailed statement of the arrangements, a self-insured employer may provide a copy of the applicable hospital or medical agreement for each provider. If the original agreement has been renewed, then a copy of the renewal agreement showing the effective date of renewal and terms of renewal must be provided along with the original agreement.

Submitter First Name

Submitter Last Name

Signature of Authorized Signor

Title

Date Submitted

Email Address

¹ All self-insured employers may require that an injured employee report to a specific medical provider for a first time evaluation or an independent medical examination. This is not considered to be direct medical care. Direct medical care occurs when a self-insured employer directs an injured employee to a specific medical provider for treatment of the injury/illness.