



# INDUSTRIAL COMMISSION OF **ARIZONA**

## 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 workers<sup>1</sup>.
- 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.

\_\_\_\_\_  
Printed Name of Authorized Signor

\_\_\_\_\_  
Signature of Authorized Signor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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<sup>1</sup> 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.