



Appling County School District

[249 Blackshear Hwy Baxley, GA 31513](http://www.applingcountyga.gov)

Phone: (912) 367-8600 Fax: (912) 367-1011

DECLINATION OF TREATMENT FOR WORKERS' COMPENSATION

(This form should be completed if employee declines medical treatment)

I reported an at-work injury to my Employer. Additionally, I was advised of my rights under Workers' Compensation Law and I was shown a Posted Panel of Physicians. I understand that I can select a physician from the Posted Panel of Physicians with whom to treat and the medical treatment would be paid for by my Employer and its Workers' Compensation insurance carrier. However, I elect to decline treatment under the Workers' Compensation System.

I understand that if I treat with a doctor of my own choosing that the medical treatment I received will be considered unauthorized under the Workers' Compensation System and will not be paid for by my Employer or its insurance company.

I understand that if in the future, I change my mind and decide that I want to file a Workers' Compensation claim that I will need to inform someone in a supervisory role and treat with a doctor listed on the Panel of Physicians. I also understand that the cost of treatment that I receive prior to treating with a physician on the Posted Panel of Physicians will be my responsibility for payment. I have voluntarily and knowingly signed this document without any threat of duress and no one has forced or encouraged me to make this decision.

Employee Printed Name

Employee Signature

Date