

Wm. BOLTHOUSE FARMS/TMC MEDICAL PROVIDER NETWORK (MPN)

EMPLOYER RESPONSIBILITIES

The Wm. Bolthouse Farms/TMC MPN has been created to facilitate prompt access for our employees' medical care for any industrial injury or illness by health care professionals specializing in occupational health care. The aim of the MPN is to provide our employees injured on the job with prompt, appropriate and quality treatment so they may return to work safely and with minimal lost time. Our help is needed to accomplish this goal.

The following information instructs you about your responsibilities concerning the MPN, particularly about the requirement to provide our employees with appropriate notice and information regarding the MPN.

The following information will be distributed to all current employees, and to each new employee hired throughout the year:

Employee Notice of the Medical Provider Network

- Each current employee **must** receive this notice (in English and in Spanish) **immediately**. You may distribute the notice with a payroll check or by any other method that will ensure that each employee receives it.
- Each employee must be advised of his or her right to pre-designate his or her own treating physician rather than use the MPN for an industrial injury or illness, and to facilitate this, employees are to be provided with the enclosed form titled Employee Physician Pre-Designation Form. An employee wishing to pre-designate a personal physician must complete and sign the form, have it signed by a consenting physician and return it to you. Retain a copy of the form in the employee's personnel file, and send the form to the Risk Management Department.

Acknowledgment of Receipt of Notice of the Medical Provider Network

- Each employee **must** complete and sign the form
- Retain the completed form in the employee's personnel file
- Submit a **listing** of all employees who receive the MPN information to the Risk Management Department. A form is attached to this notice for your convenience.
- The Risk Management Department will be advised of all new hires who receive the MPN information throughout the year.

Wm. Bolthouse Farms Medical Provider Network Employee Handbook

- This handbook is designed to provide information and answer questions about the MPN.
- Distribute a copy of the handbook to all employees promptly. This is required by law.
- New employees must by law receive a handbook at the time of hire.

You must retain and make available for review the following information:

Wm. Bolthouse Farms's Continuity of Care Policy

- The Continuity of Care Policy makes clear what the Wm. Bolthouse Farms is required by law to do if a provider that is terminated from the Wm. Bolthouse Farms MPN is treating an injured employee

Wm. Bolthouse Farms's Transfer of Care Policy

- The Transfer of Care Policy makes clear what Wm. Bolthouse Farms is required by law to do if one of our injured employees is treating with a provider who is not in the MPN when the MPN becomes effective.

If an injury occurs, you are required to:

- Provide a copy of the MPN Handbook to an injured employee along with a DWC-1 claim form.
- In the event of an emergency, call 911 and direct your employee to the nearest medical provider or hospital.
- In a non-emergency situation, direct your employee to a doctor who is in the MPN within 24 hours.

To find MPN providers in your geographic area, consult the AARLA website at www.aarla.com, or call the MPN call center at (866) 536-2853.

Review the MPN Site Coordinator Guide, as it contains helpful information for your designated MPN Contact.

WM. BOLTHOUSE FARMS MEDICAL PROVIDER NETWORK (MPN)

Listing of Employees Who Received the MPN Information

The following employees received the MPN information on _____
(Date)

_____ (# of employees)	_____ (Policy Number)	_____ (Employer Name)	_____ (Work Location)
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_____ (Policy Period)	_____ (Broker Name)	_____ (Employee Contact Name)
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Employee Information:

1. _____
(Employee First Name) _____
(Employee Last Name) _____
(Date of Birth) _____
(Date of Hire)
2. _____
(Employee First Name) _____
(Employee Last Name) _____
(Date of Birth) _____
(Date of Hire)
3. _____
(Employee First Name) _____
(Employee Last Name) _____
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(Date of Hire)
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(Date of Hire)
9. _____
(Employee First Name) _____
(Employee Last Name) _____
(Date of Birth) _____
(Date of Hire)
10. _____
(Employee First Name) _____
(Employee Last Name) _____
(Date of Birth) _____
(Date of Hire)

(If necessary, make copies of this page)

Submit this page to the Safety and Workers' Compensation Department of Wm. Bolthouse Farms