

IMPORTANT NOTICE



Kaiser Permanente On-The-Job

500 NE Multnomah Suite #100
Portland, OR 97232
Claims P: 888.238.1255 or 503.721.3849
Claims F: 503.778.2668
Website address: www.kp.org

Providence MCO

3601 SW Murray Blvd, Suite 10
Beaverton, OR 97005
PO Box 4347
Portland, Oregon 97208
MCO Mainline: 503-574-7640 or 1-800-947-4707 MCO
Fax: 503-574-8625 or 1-800-426-6381
Website address: www.providencehealthplan.com/mco
Online Directory: www.providence.org/mcodirectory

The Bureau of Fire and Police Disability and Retirement has contracted with two medical providers, Kaiser Permanente On-The-Job and Providence MCO, to provide medical services for Members that have been injured in the line of duty.

UPON CLAIM APPROVAL YOU WILL BE REQUIRED TO TREAT WITH AN ATTENDING PHYSICIAN IN THE MCO YOU SELECTED. YOUR INJURED WORKER PACKET AND THE LINKS LISTED ON THIS NOTICE CONTAIN INFORMATION ABOUT EACH MCO. PLEASE REFER TO THAT MATERIAL FOR INFORMATION AND INSTRUCTIONS ON ACCESS TO YOUR SELECTED MCO PANEL PROVIDER.

You should also be aware of the following:

Members with approved service-connected claims must follow the medical treatment guidelines outlined in Chapter 5 of the City of Portland Charter and its associated administrative rules.

FPDR Administrative Rules outline the requirement that members must select an Attending Physician from one of the above listed managed care organizations (MCO's) to direct their medical care. An Attending Physician is defined as:

(A) a medical doctor or doctor of osteopathy licensed under ORS 677.100 to 677.228 by the Oregon Medical Board, or a podiatric physician or surgeon licensed under ORS 677.805 to 677.840 by the Oregon Medical Board, an oral and maxillofacial surgeon licensed by the Oregon Board of Dentistry or a similarly licensed doctor in any country or in any state, territory, or possession of the United States, or

(B) for a period of thirty (30) days from the first visit on the initial Claim or for twelve (12) visits, whichever first occurs, a doctor or physician licensed by the State Board of Chiropractic Examiners for the State of Oregon or a similarly licensed doctor or physician in any country or in any state, territory, or possession of the United States. All Members drawing disability benefits shall be examined at least once during each twelve-month period by the Member's identified physician or a physician appointed by the Director, unless otherwise determined by the Director.

IF YOUR CLAIM IS DENIED OR WITHDRAWN AND YOU TREAT OUTSIDE YOUR GROUP HEALTHPLAN PROVIDER NETWORK YOU WILL BE RESPONSIBLE FOR THE COSTS OF EXPENSES INCURRED THAT ARE NOT COVERED BY YOUR GROUP HEALTH PLAN.