



Notification At Time-Of-Injury Of Workers' Compensation Preferred Provider Program

You have reported a work-related injury. Please be advised that we have implemented a Preferred Provider Program (PPP) for medical treatment for workers' compensation cases, pursuant to the Illinois Workers' Compensation Act (820 ILCS 305/8(a) and 8.1 a). The PPP has been approved by the Illinois Department of Insurance as required under the Act.

It is recommended that you obtain your medical care from a PPP network medical provider for any work-related injury because we believe you will receive the best medical care for your injury. You may decline to be treated by providers in the PPP now or at any time during your treatment for this work-related injury. Such declination must be made in writing to your supervisor or manager, and will count as one of your two choices of medical providers. We may not be required to pay for medical services outside or beyond your two choices of medical providers, and subsequent referrals by your choice of medical providers. However, your decision for treatment outside of the PPP network will not be considered a choice of physicians if: 1) there is no medical provider in the PPP that could provide the treatment you need, and you comply with all pre-authorization requirements; or 2) the Illinois Workers' Compensation Commission has determined that the treatment provided to you, by the medical provider in the PPP, is inadequate.

The list of medical providers in the PPP, is located at www.aig.com/intellirisk. Select "Find Nearby Medical Care" and then search by "Address" or "Name." Complete the necessary information and click "Continue." If you have questions about the PPP network, please contact AIG Medical Management Services at 312-930-2195, or by email at ilppp@aig.com.

If you have questions about your rights under the law, please call the Public Information Unit at the Illinois Workers' Compensation Commission at 312-814-6611, toll-free 866-352-3033, email the IWCC at infoquestions.wcc@illinois.gov, or visit the Commission's website at www.iwcc.il.gov.

Received by:

Employee Signature

Date

Employee Name (please print)