

California Posting Instructions for Non MPN Members

By law, employers shall post and keep posted, in a conspicuous location frequented by employees, the following:

For members not using the Sedgwick Medical Provider Network (MPN):

1. **Print** the blank Notice to Employee – Injuries Caused by Work (DWC7).
 - **Add** the following information on the DWC7
 - i. MPN Website (use this line): Add the name of your designated Medical Facility and telephone number(s)
 - ii. Claims Administrator: Sedgwick Claims Management Services, Inc
 - iii. Phone: 800-597-7677
 - iv. Workers' Compensation Insurer: Permissibly Uninsured

2. As-Needed Notices:
 - The Physician Pre-Designation form is required at time of hire, and upon employee request.
 - The DWC1 form must be provided within 24 hours to an injured employee at the time of injury, or employee request.

Additional information regarding posting notices may be found on the JBWCP Resource Page, [Claims Manual](#).