



## Participation Agreement

This agreement outlines the terms and conditions in principle of a contract that CompCHOICE and the undersigned (the “Employer”) have agreed to enter into as of the date shown below.

Effective \_\_\_\_\_ this Employer agrees to participate in the CompCHOICE Certified Workplace Medical Plan (CWMP) that National American Insurance Company (the Payor) has contractually executed with CompCHOICE CWMP. It is agreed and understood that the Employer has no financial obligation to CompCHOICE CWMP for the services that are provided by CompCHOICE CWMP. The fee structure for services provided is between CompCHOICE CWMP and National American Insurance Company (the Payor).

### Services to be Provided by or on behalf of CompCHOICE, LLC:

- Those outlined in Title 85A, Oklahoma Statutes, in all sections that identify certified workplace medical plan duties, services, or responsibilities.

### Duties and Responsibilities of the Employer:

- Timely post employee bulletin board notices provided by CompCHOICE in prominent locations.
- Provide to employees those letters that CompCHOICE is required to provide to you for distribution, and seriously consider also issuing optional employee education materials.
- Complete and send with the employee a CompCHOICE Authorization to treat form to refer injured employees to the designated initial treatment site, or a specific CompCHOICE network provider for all non-emergency treatment.
- When an injury occurs: (1) complete National American Insurance Company’s NOI form or the Oklahoma Workers’ Compensation Commission’s CC-Form-2, as instructed by National American Insurance Company, (2) report the injury to National American Insurance Company and your TPA (if applicable) as soon as possible.
- Promptly notify CompCHOICE (Milana B. Foster, 405-810-3866) when any of the following occur:
  1. A change in initial care site is requested
  2. A change in personnel responsible for CWMP or workers’ compensation
  3. A change in workers’ compensation insurance carriers

### Length of Agreement:

One year from the effective date of this Agreement. This Agreement will be automatically renewed for consecutive 12-month periods or until Employer’s policy with National American Insurance Company terminates or Employer and/or CompCHOICE provides 30 days’ written notice of intent to terminate CWMP participation.

**Employer:** \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**CompCHOICE**

\_\_\_\_\_  
Manager

P. O. Box 238800  
Oklahoma City, OK 73123