



Unified Government Human Resources Guide

Effective 04-01-05

NOTICE OF LIMITED LIABILITY

Employee Name: _____ Date: _____

Department / Division: _____

Supervisor's Signature: _____

NOTICE TO THE EMPLOYEE AND HEALTH PRACTITIONER

Kansas Statutes Annotated 44-510 states, in part: "If the services of a (duly-licensed health practitioner) furnished . . . are not satisfactory to the injured employee, such employee may consult, without the approval of the (state) director, another (duly-licensed health practitioner) of the employee's own choice, and the employer shall pay the fees and charges therefore. If such fee and charges are for examination, diagnosis, or treatment, such fees and charges shall not exceed a total amount of five hundred dollars (\$500.00)." **THE UNIFIED GOVERNMENT IS SELF-INSURED FOR WORKERS' COMPENSATION.**

Received by: _____ Date: _____
(Employee's signature)

(Supervisor's signature) Date: _____

NOTICE TO HEALTH PRACTITIONER

Please submit your diagnosis, description of treatment, and itemized bill to:

Risk Manager
Unified Government of Wyandotte County/Kansas City, Kansas
701 North Seventh Street
Kansas City, Kansas 66101-3065

Questions may be directed to 573-5095.

NOTICE TO SUPERVISOR

This form is to be used when an employee indicates a desire to see a duly-licensed health practitioner other than one authorized by the Unified Government. The form is to be completed, in duplicate, with one copy retained for departmental records and one copy for the employee to give to his/her health practitioner. Be sure that both you and the employee sign both copies of the form.

THIS FORM IS TO BE USED ONLY FOR EMPLOYEES INJURED ON THE JOB