



Protecting Employers' most valuable asset: **Employees**

**Employee Confirmation of Receipt of
Medical Provider Network (MPN) Written Notification**

I have received written notification of the Medical Provider Network (MPN).

I acknowledge that this pertains to workers' compensation only. This is not a health plan. This applies only to work related injuries or work related illnesses.

Signature

Date

Print Name

**Confirmacion Del Empleado De Recibo
De Notificacion Por Escrito De Medical Provider Network (MPN)**

He recibido notificacion por escrito de Medical Provider Network (MPN).

Hago constar que esta notificacion solo corresponde al seguro de accidentes laborales (workers' compensation). No es un plan de seguro medico. Solo corresponde a lesiones o enfermedades relacionadas con el trabajo.

Firma

Fecha

Nombre en letras de molde