

Date: \_\_\_\_\_

To:

From:

Re: \_\_\_\_\_  
(Name of MPN)

Unless you pre-designate a physician or medical group, your new work injuries arising on or after \_\_\_\_\_ will be treated by providers in a new Medical  
(Effective Date of MPN)

Provider Network, \_\_\_\_\_.  
(Name of MPN)

You may obtain more information about the MPN from the workers' compensation poster or from your employer.

You can get the list of MPN providers by calling the MPN contact or by going to our website at [www.coventrywcs.com](http://www.coventrywcs.com) – Password USACS1