

1 AGREEMENT PURSUANT TO WORKERS' COMPENSATION

2 ALTERNATIVE DISPUTE RESOLUTION PROGRAM FOR CITY OF LONG BEACH

3 THIS AGREEMENT is made and entered, in duplicate, as of June 29, 2015
4 for reference purposes only, pursuant to a minute order adopted by the City Council of the
5 City of Long Beach at its meeting on October 9, 2007, by and between ERNEST C.
6 LEVISTER, M.D., INTERNIST, whose address is 1738 N. Waterman Avenue, #1, San
7 Bernardino, California 92404, ("Physician"), and the CITY OF LONG BEACH, a municipal
8 corporation ("City").

9 WHEREAS, the City requires independent and experienced physicians to
10 provide Independent Medical Evaluations with respect to workers' compensation claims
11 filed by Long Beach Police Officers and Firefighters injured while in the employment of the
12 City of Long Beach; and

13 WHEREAS, the City of Long Beach wishes to reduce the delays inherent in
14 the workers' compensation system which lead to increased costs and the unacceptable
15 treatment of injured workers; and

16 WHEREAS, the above mentioned Physician is willing and able to
17 expeditiously provide said Independent Medical Evaluation required by the City at the rates
18 indicated in Exhibit "A";

19 NOW, THEREFORE, in consideration of the mutual terms, covenants and
20 conditions herein, the parties agree as follows:

21 1. SCOPE OF WORK OR SERVICES:

22 A. The Physician shall provide the following medical services to
23 the City at the rates shown on Exhibit "A" attached hereto and incorporated herein
24 by this reference:

- 25 i. AOE - COE EXAMS, (exams for the determination of
26 industrial causation).
- 27 ii. Evaluation for necessity of appropriate medical
28 treatment.

OFFICE OF THE CITY ATTORNEY
CHARLES PARKIN, City Attorney
333 West Ocean Boulevard, 11th Floor
Lona Beach, CA 90802-4664

1 iii. Assessment of employee's present ability to return to
2 work, whether full duty or modified.

3 iv. Advise on condition of maximum medical improvement
4 status.

5 v. Determine nature and extent of permanent disability,
6 including factors of apportionment and need for future medical care.

7 vi. Resolve utilization review disputes.

8 vii. Determine the need for spinal surgery pursuant to Labor
9 Code section 4062(b).

10 B. Physician shall perform the evaluation in full accordance with
11 the standards defined by the Division of Worker's Compensation of the State of
12 California and the AMA Guides to the Evaluation of Permanent Impairment, Fifth
13 Edition. This requires a report of the injury, prior status, clinical chronology, current
14 status, and past medical history. The physical examination will document all
15 pertinent positive, negative, and non-physiological findings. For extremity injuries,
16 measurements must be documented bilaterally. Additionally, Physician agrees to:

17 i. Provide that medical exams will be set within thirty (30)
18 days of the date of appointment request, and

19 ii. Prepare a written report of medical findings within thirty
20 (30) days of the date of exam or evaluation and provide a copy to the parties
21 within said time frame. If testing is required to complete the report, the testing
22 shall be completed within fourteen (14) days of the date of the exam and the
23 report shall issue within thirty (30) days of the completion of testing.

24 C. The parties agree that the City is not obligated to pay
25 compensation to the Physician except for agreed upon medical services and care.
26 Failure of Physician to provide a written medical report within thirty (30) days of the
27 date of the exam or the completion of testing, if required, subjects Physician to non-
28 payment for services rendered.

1 D. Physician billing shall conform to the requirements listed in
2 Section 9795 of Title 8 of the California Code of Regulations. Charges for services
3 rendered will be reviewed in accordance with Section 9795 to determine appropriate
4 level of service.

5 E. City shall pay Physician pursuant to Exhibit "A" within forty-five
6 (45) days following receipt from Physician of invoices for services rendered and for
7 which payment has not previously been made, provided that: Physician shall submit
8 all invoices within ninety (90) days after the date of service.

9 2. TERM:

10 A. The term of this Agreement shall be for the duration of the
11 Labor-Management Workers' Compensation Supplemental Dispute Resolution
12 Agreement ("Dispute Resolution Agreement").

13 B. Either party hereto may terminate this Agreement at any time
14 by giving to the other party written notice thereof at least thirty (30) days prior to the
15 effective date of such termination. Physician agrees that withdrawal from this
16 agreement is conditioned upon completion of all work in progress.

17 C. Any notices required or desired to be given hereunder shall be
18 in writing and personally served or deposited in the U.S. Postal Service, first class,
19 postage prepaid to: Jamelle Peck, Claims Manager, 333 West Ocean Boulevard,
20 8th Floor, Long Beach, California 90802. Notice shall be deemed given on the date
21 deposited in the mail or on the date personal delivery is made, whichever occurs
22 first.

23 3. INSURANCE:

24 As a condition precedent to the effectiveness of this Agreement, Physician
25 shall procure and maintain at Physician's expense for the duration of this Agreement from
26 insurance companies that are admitted to write insurance in California or from authorized
27 non-admitted insurance companies that have ratings of or equivalent to A:VIII by A.M. Best
28 Company:

1 (a) Commercial general liability insurance equivalent in scope to ISO
2 form CG 00 01 11 85 or CG 00 01 1093 in an amount not less than One
3 Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars
4 (\$2,000,000.00) general aggregate. Such coverage shall include but not be
5 limited to broad form contractual liability, cross liability independent
6 contractors liability, and products and completed operations liability. The
7 City, its officials, employees and agents shall be named as additional insured
8 by endorsement on the City's endorsement form or on an endorsement
9 equivalent in scope to ISO form CG 20 10 11 85 or CG 20 26 11 85, and this
10 insurance shall contain no special limitations on the scope of protection given
11 to the City, its officials, employees and agents.

12 (b) Workers' Compensation insurance as required by the Labor Code
13 of the State of California and employer's liability insurance in an amount not
14 less than One Million Dollars (\$1,000,000.00) per occurrence.

15 (c) Professional (Medical Malpractice) or errors and omissions liability
16 insurance in an amount not less than One Million Dollars (\$1,000,000.00) per
17 claim.

18 Any self-insurance program, self-insured retention, or deductible must be
19 separately approved in writing by City's Risk Manager or designee and shall protect City,
20 its officials, employees and agents in the same manner and to the same extent as they
21 would have been protected had the policy or policies not contained retention or deductible
22 provisions. Each insurance policy shall be endorsed to state that coverage shall not be
23 reduced, non-renewed or canceled in coverage except after thirty (30) days prior written
24 notice to City, and shall be primary and not contributing to any other insurance or self-
25 insurance maintained by City, its officials, employees and agents. Physician shall notify
26 the City in writing within five (5) days after any insurance required herein has been voided
27 by the insurer or cancelled by the insured.

28 Physician shall require that all contractors and subcontractors which

1 Physician uses in the performance of services hereunder maintain insurance in compliance
2 with this Section unless otherwise agreed in writing by City's Risk Manager or designee.

3 Prior to the start of performance hereunder, Physician shall deliver to City
4 certificates of insurance and required endorsements, including any insurance required of
5 Physician's contractors and subcontractors, for approval as to sufficiency and form. The
6 certificates and endorsements for each insurance policy shall contain the original signature
7 of a person authorized by that insurer to bind coverage on its behalf. In addition, Physician
8 shall, within thirty (30) days prior to expiration of the insurance required hereunder, furnish
9 to City certificates of insurance and endorsements evidencing renewal of such insurance.
10 City reserves the right to require complete certified copies of all said policies of Physician
11 and Physician's contractor and subcontractors at any time. Physician shall make available
12 to City all records and other information relating to the insurance coverage required herein
13 during normal business hours.

14 Any modification or waiver of the insurance requirements herein shall only be
15 made at the request of the City department administering this Agreement and with the
16 written approval of the City's Risk Manager or designee. Not more frequently than once a
17 year, the City's Risk Manager or designee may require that Physician, Physician's
18 contractors and subcontractors change the amount, scope or types of coverages required
19 herein if, in his or her sole opinion, the amount, scope, or types of coverages are not
20 adequate.

21 The procuring or existence of insurance shall not be construed or deemed as
22 a limitation on liability relating to Physician's performance of services or as full performance
23 of or compliance with the indemnification provisions of this Agreement.

24 4. INDEPENDENT CONTRACTOR:

25 In performing services hereunder, Physician is an independent contractor
26 and not an employee, agent, or representative of the City. Physician acknowledges and
27 agrees that the City will not secure workers' compensation or pay unemployment insurance
28 to, for on Physician's behalf nor provide any of the usual rights, benefits or privileges of

1 City employees.

2 5. INDEMNITY:

3 Physician shall defend, protect, indemnify and hold the City, its officials,
4 employees, and agents harmless from and against any and all claims, suits, causes of
5 action, losses, damages, demands, liabilities, costs and expenses including reasonable
6 attorney's fees, whether or not reduced to judgment or paid through settlement, which may
7 be asserted against City, its officials, employees and agents attributable to or caused
8 directly or indirectly by Physician, its employees or agents in the performance of this
9 Agreement, or caused by any alleged negligent or intentional act, omission or
10 misrepresentation by Physician, its employees or agents, which act, omission or
11 misrepresentation is connected in any way with performance of this Agreement.

12 6. AMENDMENT:

13 This Agreement, including all exhibits, shall not be amended nor any
14 provision or breach thereof waived except in writing signed by the parties.

15 7. LAW:

16 This Agreement shall be governed by and construed according to the laws of
17 the State of California. Physician shall comply with all laws, ordinances, rules and
18 regulations of and obtain such permits, licenses, and certificates required by all federal,
19 state, and local governmental authorities.

20 8. CONFLICT OF INTEREST:

21 Physicians who act as an employee's independent medical examiner ("IME")
22 under this agreement shall not act as the same employee's treating physician for the injury
23 in dispute, unless otherwise mutually agreed by the City and the employee.

24 9. ENTIRE AGREEMENT:

25 This Agreement including all exhibits constitutes the entire understanding of
26 the parties and supersedes all other agreements, oral or written, with respect to the subject
27 matter herein.

28 10. COSTS:

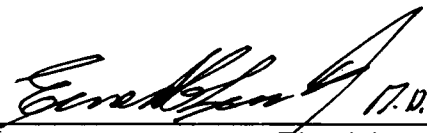
1 In the event that there is any legal proceeding between the parties to enforce
2 or interpret this Agreement or to protect or establish any rights or remedies hereunder, the
3 prevailing party shall be entitled to its costs and expenses, including reasonable attorney's
4 fees.

5 11. WAIVER:

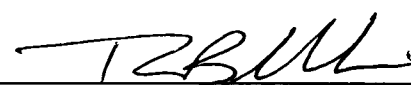
6 The acceptance of any services or the payment of any money by the City
7 shall not operate as a waiver of any provision hereof, or of any rights or remedies
8 hereunder. The waiver of any breach of any provision of this Agreement shall not constitute
9 a waiver of any other or subsequent breach.

10 IN WITNESS WHEREOF, the parties have caused this document to be duly
11 executed with all formalities required by law on the date first stated above.

12 ERNEST C. LEVISTER, M.D., INTERNIST

13
14 7/06/15, 2015 By  M.D.
15 Physician
16 Ernest C. Levister, Jr. M.D.
17 Type or Print Name
18 "Physician"

19 CITY OF LONG BEACH, a municipal corporation

20 November 21, 2015 By 
21 City Manager Assistant City Manager
22 "City" EXECUTED PURSUANT
23 TO SECTION 601 OF
24 THE CITY CHARTER.

25 This Agreement is approved as to form on 10/29, 2015.

26 CHARLES PARKIN, City Attorney

27 By 
28 Principal Deputy

EXHIBIT A FEE SCHEDULE

AOE-COE Exam

In the case of a simple AOE-COE examination for the determination of Industrial causation, reimbursement will be at the basic rate with a modifier of 1.35. This would equal \$675.00. Conditions anticipated in this category would be hearing loss, skin cancer, hernia, conjunctivitis, eye strain and dermatitis. This may not include all types in this category.

A more complex exam that involves review of records, tests and expert opinion will be reimbursed at the ML 103 with the 1.35 modifier. This would be at \$1,012.50. It is anticipated this would include new vs. old injuries, internal exams, orthopedic exam with prior injuries or non-industrial conditions, cardiovascular cases, respiratory conditions, pneumonia, bronchitis, blood born pathogens, overuse syndromes and any CT type claim.

TREATMENT AND TEMPORARY DISABILITY ISSUES

When there is an issue on treatment or the employee's ability to perform some modified duty and an exam is not necessary the reimbursement would be at the ML 102 with the 1.35 modifier. This would be \$675.00. If an exam is needed to resolve the issue the payment would be \$1012.50. This would include issues regarding spinal surgery.

PERMANENT AND STATIONARY (MMI)

All Permanent and Stationary exams will be at the \$1012.50 level. If the parties agree the exam will reach a ML 104 the reimbursement will be at rate of \$350.00 per hour. The factors needed to support the ML 104 are outlined in Cal. Code of Regulations 9795.

DEPOSITION FEE

The hourly rate for depositions will be \$350.00, payable in quarter hours.

REVIEW OF RECORDS

The hourly rate for review of records will be \$350.00, payable in quarter hours.



CERTIFICATE OF INSURANCE	Issue Date: 11/10/2014
Effective Date: 01/01/2015	Occurrence Coverage Professional Liability Policy
First Named Insured: Ernest Levister MD 1738 N Waterman Ave Ste 1 San Bernardino, CA 92404	IMPORTANT NOTICE: This document demonstrates coverage in force on the Effective Date listed. It is issued as a matter of information and does not confer rights to any recipient. This document is not binding, is not part of the Policy described below, and does not change or extend the coverage provided by that Policy.

Protected Party: Ernest Levister MD
Specialty: INT01 Internal Medicine

Policy Number:	Policy Period:
OC436950	From: 01/01/2015 To: 01/01/2016

The Protected Party above is: <input checked="" type="checkbox"/> A Named Insured <input type="checkbox"/> A Locum Tenens <input type="checkbox"/> An Additional Protected Party	Agency and Address: The Doctors Company Insurance Services 1888 Century Park East, Suite 800 Los Angeles, CA 90067 (800) 557-2743
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<u>LIMITS OF LIABILITY</u>	
Claim Limit:	\$1,000,000
Aggregate Limit:	\$3,000,000

- I. Locum Tenens and Additional Protected Parties share Limits of Liability with the applicable Named Insured.
- II. Individuals who occupy a "slot" share Limits of Liability with all others who occupy the same "slot" during the Policy Period.
- III. Photocopies of this document are deemed as valid as the original.
- IV. The policy, including endorsements, determines the coverage provided. Some claims may not be covered by the terms of the policy, or may be subject to restrictions such as lower Limits of Liability.
- V. If the policy, or coverage for any person, is canceled for any reason or if the terms of the policy are changed, we will notify the First Named Insured only. Coverage is not in effect unless and until all payments are received when due.

ANNE C. LATTIME
Principal Deputy City Atty

OCT 29 2015
Approved as to form
[Signature]

APPROVED AS TO ACCURACY
[Signature]
DATE: 10/19/15

Reviewed by:
[Signature]
Risk Management
Consultant 10-13-2015

40.OC436950.5.48.4537561



Coverage Is Provided In:
Ohio Security Insurance Company - a stock company

Policy Number:
BZS (15) 56 31 18 26
Policy Period:
From 10/31/2014 To 10/31/2015
12:01 am Standard Time
at Insured Mailing Location

Commercial Protector Policy Declarations

Named Insured

Agent

ERNEST LEVISTER JR MD

(888) 878-7586
WESTERN ELITE INSURANCE SOLUTIONS

SUMMARY OF LIMITS AND CHARGES

Businessowners Liability Limits of Insurance	DESCRIPTION	LIMIT
	Liability and Medical Expenses - Occurrence	1,000,000
	Aggregate Limits of Insurance	
	Products-Completed Operations	2,000,000
	Other than Products-Completed Operations	2,000,000
	Broadened Coverage For Damage To Premises Rented To You	300,000
	Medical Expenses (Any One Person)	15,000

Explanation of Charges	DESCRIPTION	PREMIUM
	Businessowners Location(s) Total	\$1,865.00
	Businessowners Other Coverage(s) Total	\$824.00
	Certified Acts of Terrorism Coverage	\$13.00

Total Charges: \$2,702.00

Note: This is not a bill

To report a claim, call your Agent or 1-800-362-0000



EMPLOYERS PREFERRED INS. CO.
A Stock Company

Table with Policy Number (EIG 1518164 03) and Policy Period (08/01/2015 to 08/01/2016)

Transaction

RENEWAL DECLARATIONS

NCCI Carrier # 31283 WCIRB CARRIER# 00920 PRIOR POLICY NUMBER EIG151816402

1. Named Insured and Address Agent

LEVISTER, ERNEST JR (IND) DBA ERNEST LEVISTER JR MD 1738 N WATERMAN AVE #1 SAN BERNARDINO CA 92404
BIZLINKS INS SERVICES INC 6414300 WESTERN ELITE INS SOLUTIONS 140 DIAMOND CREEK PLACE ROSEVILLE, CA 95747 Telephone: 9162596900

Table with columns: Customer #, Carrier # (31283), FEIN # (540974024), Risk ID #, Entity of Insured (SOLE PROPRIETORSHIP)

Additional Locations:

- 2. The Policy Period is from 08/01/2015 to 08/01/2016 12:01 a.m. Standard Time at the Insured's mailing address.
3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: CA
B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:
Bodily Injury by Accident \$ 1,000,000 each accident
Bodily Injury by Disease \$ 1,000,000 policy limit
Bodily Injury by Disease \$ 1,000,000 each employee
C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here: All states except ND, OH, WA, WY, AK, CT, DE, HI, LA, ME, MA, NE, NH, NY, RI, SD, VT, WV and states listed in item 3.A.
D. This policy includes these endorsements and schedules: See attached schedule.
4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

SEE EXTENSION OF INFORMATION PAGE

Table showing Minimum Premium (\$ 750), Expense Constant (\$ 220), Premium Discount (\$), Assessments and Taxes (\$), and Total Estimated Annual Premium (\$ 4,225)

This is a Three Year Fixed Rate Policy

Premium Adjustment Period: [X] Annual; [] Semiannual; [] Quarterly; [] Monthly

Countersigned this Day of

Issued Date: 06/25/2015

Issuing Office EMPLOYERS PREFERRED INS. CO. 7110 NORTH FRESNO STREET, SUITE 250 FRESNO, CA 93720-2999

Signature of Authorized Representative