



The physician selected must be BWC certified or the injured worker will be responsible for payment.

Instructions for the injured worker

• Please complete all of Part I of the form.

• Sign in the space provided, and submit all copies to your managed care organization (MCO) to record your change of physician.

Part I

Form section for injured worker's name, date of injury, claim number, address, city, state, and phone number.

Please change my physician of record for the above listed claim as follows:

Form section for 'From physician' including name, address, city, state, and phone number.

Form section for 'To physician' with pre-filled information: Dominic Haynesworth MD, 1810 West 25th Street, Unit 1, Cleveland, OH, 44113, 301504441-00, (216)685-9975.

Reason for change

Form section for 'Reason for change' with checkboxes for various reasons and 'Please explain' fields.

Have you been treated by the new physician for the condition(s) allowed in your claim? Yes No If yes give date of first treatment

Form section for injured worker's signature and date.

Instructions for the MCO

• MCO to complete PART II.

• MCO must notify BWC via EDI (148) of change of physician within 24 hours of notification by the injured worker.

• Return signed copies per distribution listed below.

Part II

We have received and recorded your request for change of physician. You may bill only medical services and items related to the treatment of the allowed conditions and in accordance with the MCO medical-management guidelines to the MCO or the self-insured employer. The allowed conditions for this workers' compensation claim with corresponding ICD-9-CM codes are as follows:

Form section for listing allowed conditions and ICD-9-CM codes.

Form section for MCO name, phone number, MCO case manager, and date.

Distribution: White-MCO Claim file • Yellow-Injured worker • Pink-Requested physician • Goldenrod-Former physician