



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 with fields for Injured worker's name, Date of injury, Claim number, Address, City, State, Phone number, and Nine-digit ZIP code. Includes sections for 'From physician' and 'To physician' with similar fields. A 'Reason for change' section contains checkboxes for 'Physician moved', 'Physician no longer practicing', 'I moved', 'Physician is not a BWC-certified provider', 'Physician terminated patient-provider relationship', 'Dissatisfied with physician's treatment', and 'Other, please explain:'. It also includes a question: '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'. The form ends with '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:

Five horizontal lines for listing allowed conditions and corresponding ICD-9-CM codes.

Form with fields for MCO name, Phone number, MCO case manager, and Date.

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