



Bureau of Workers' Compensation

Notice to Change Physician of Record

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

Injured worker's name		Date of injury	Claim number
Address		Phone number ()	
City	State	Nine-digit ZIP code	
Please change my physician of record for the above listed claim as follows:			
From physician		Provider number	
Address		Phone number ()	
City	State	Nine-digit ZIP code	
To physician		Provider number	
Address		Phone number ()	
City	State	Nine-digit ZIP code	
Reason for change			
<input type="checkbox"/> Physician moved	<input type="checkbox"/> Physician no longer practicing	<input type="checkbox"/> I moved	<input type="checkbox"/> Physician is not a BWC-certified provider
<input type="checkbox"/> Physician terminated patient-provider relationship Please explain: _____ _____ _____	<input type="checkbox"/> Dissatisfied with physician's treatment Please explain: _____ _____ _____	<input type="checkbox"/> Other, please explain: _____ _____ _____	
Have you been treated by the new physician for the condition(s) allowed in your claim? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes give date of first treatment _____			
Injured worker's signature			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: _____

MCO name	Phone number ()
MCO case manager	Date

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