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 1

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

☐ Physician moved ☐ Physician no longer practicing ☐ I moved ☐ Physician is not a BWC-certified provider

☐ Physician terminated patient-provider relationship
Please explain:

☐ Dissatisfied with physician's treatment
Please explain:

☐ Other, please explain:

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

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