

**QME DISCLOSURE OF SPECIFIED FINANCIAL INTERESTS
("SFI Form 124" Attachment to QME Form 100, 103 & 104)**

Name		Professional License No.
<input type="text"/>		<input type="text"/>
Business Address		QME No. (if applicable)
<input type="text"/>		<input type="text"/>
Business Telephone No.	Fax No.	
<input type="text"/>	<input type="text"/>	

PARTNERSHIP INTERESTS* (Attached continuation sheets of needed)

Name of Business Entity in which have limited or full partnership interest:

Address of Business Entity:

Names of partners who are physicians at same location (MD, DO, DC, OD, DPM, DDS, PhD or L.Ac.):

<input type="text"/>	<input type="text"/>	<input type="text"/>
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INTERESTS OF 5% OR MORE IN MEDICAL PRACTICE, MEDICAL GROUP OR OTHER MEDICAL OR MEDICAL/LEGAL BUSINESS ENTITY IN CALIFORNIA WORKERS' COMPENSATION SYSTEM*

Name of Medical Practice/Group/Business Entity:

Address of Business Entity:

Names of participating physicians at same location (MD, DO, DC, OD, DPM, DDS, PhD or L.Ac.):

<input type="text"/>	<input type="text"/>	<input type="text"/>
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RECEIPT OF 5% OR MORE OF PROFITS FROM MEDICAL PRACTICE, MEDICAL GROUP OR OTHER MEDICAL OR MEDICAL/LEGAL BUSINESS ENTITY IN CALIFORNIA WORKERS' COMPENSATION SYSTEM*

Name of Medical Practice/Group/Business Entity:

Address of Business Entity:

Names of participating physicians at same location (MD, DO, DC, OD, DPM, DDS, PhD or L.Ac.):

<input type="text"/>	<input type="text"/>	<input type="text"/>
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I declare under penalty of perjury that the foregoing information is current, complete and accurate to the best of my knowledge.
Signed this _____ day of _____, 20__ at _____, California.

Print name _____ Signature: _____

* "Specified Financial Interests" means being a general partner or limited partner in, or having an interest of 5 percent or more, or receiving or being legally entitled to receive a share of 5 % or more of the profits from, any medical practice, group practice, medical group, professional corporation, limited liability corporation, clinic or other entity that provides treatment or medical evaluation, goods or services for use in the California workers' compensation system. (8 Cal. Code Regs. § 29 (b).)