

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT
P.O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

<date>

Fee Period: <start> - <end>

License Number: <license #>

<doctor's name>

<address>

Dear Dr.<doctor's name>:

Pursuant to Labor Code § 139.2(n) and 8 Cal. Code Regs. § 18, the Administrative Director of the Division of Workers' Compensation requires all physicians appointed or reappointed as Qualified Medical Evaluators (QMEs) to pay an annual fee. The QME fee is non-refundable.

\$250 FEE

QMEs who have conducted 25 or more comprehensive medical legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator or as an Agreed Medical Evaluator must be counted for the purpose of fee assessment (8 Cal. Code Regs. §§ 16, 17).

\$125 FEE

QMEs who have conducted 11-24 comprehensive medical legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator or as an Agreed Medical Evaluator must be counted for the purpose of fee assessment (8 Cal. Code Regs. §§ 16, 17).

\$110 FEE

QMEs who have conducted 0-10 comprehensive medical legal evaluations in the twelve months prior to assessment of the fee. All evaluations performed as a Qualified Medical Evaluator or as an Agreed Medical Evaluator must be counted for the purpose of fee assessment (8 Cal. Code Regs. §§ 16, 17).

ADDITIONAL LOCATIONS

QMEs who perform evaluations at more than one medical office location are required to pay an additional \$100 per location (8 Cal. Code Regs. § 17).

Misrepresentation of the number of evaluations performed or of the number of additional locations shall constitute grounds for disciplinary proceedings (8 Cal. Code Regs. § 60).

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Location Fee Calculation Worksheet

<doctor's name>
License Number: <license #>

Street, City, State, Zip Code, Phone No.

Locations Currently Designated as QME Locations to be renewed:

<location address and phone>

<location address and phone>

<location address and phone>

<

New QME Locations to be listed:

<location address and phone>

<location address and phone>

<location address and phone>

Enter total Number of ALL location boxes checked --> _____

THIS SECTION MUST BE COMPLETED BY THE PHYSICIAN.

_____ \$250 Primary fee for those physicians who have done 25 or more medical/ legal evaluations.

_____ \$125 Primary fee for those physicians who have done 11-24 medical/ legal evaluations.

_____ \$110 Primary fee for those physicians who have done 0-10 medical/ legal evaluations.

_____ \$100 Per additional locations.

I hereby declare under penalty of perjury under the laws of the State of California that the foregoing selection of a primary fee, and the foregoing designation of the number of additional locations is true and correct.

Physician's Signature: _____ Date: _____

RETURN THIS FORM WITH YOUR CHECK PAYABLE TO:

Division of Workers' Compensation - Medical Unit

QME PROCESSING

P.O. BOX 71010

OAKLAND, CA 94612