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 Fax: (510) 622-3467

(date)

NOTICE OF LATE QME/AME REPORT - NO EXTENSION REQUESTED

(Injured Employee or Attorney)
(address)

(Claims Administrator or Attorney)
(address)

Re: (Injured Employee name) v. (Employer/Insurer name)

Claim No.:_____

QME Panel No.:_____

Name of QME/AME:_____

Evaluation Date (or Date of Request for Supplemental Report):_____

It has come to our attention that the medical/legal evaluation report to be written by your QME, Agreed Panel QME, or AME is late and the evaluator did not obtain approval for an extension of time to complete the report. The parties have two options: 1) you may wait for the report if both parties agree in writing to waive the lateness of the report; or 2) if either party does not agree to wait, you may agree on a new AME (represented cases only) or request a replacement panel QME. If you are represented by an attorney, consult your attorney.

Please advise the Medical Unit and the evaluator **within fifteen (15) days** of the date of this letter what you wish to do. Sign the form below, mail or fax it to the **Medical Unit at P.O. Box 71010, Oakland, CA 94612 or fax (510) 622-3467**, and send a copy to the evaluator. If you have any questions, please call the Medical Unit at (510) 286-3700 or 800-794-6900.

(Check one)

( ) **I wish to waive the lateness of this report and accept the report when it is done.**

( ) **I request a new QME panel due to the lateness of the original QME or AME report. (For represented cases with AME only attach a copy of the first written proposal for one or more physicians to be an AME.)**

_____

Employee (or Attorney) Signature (Print name also) Date

_____

Claims Administrator (or Attorney) Signature (Print name also) Date

cc: QME, Agreed Panel QME or AME

FOR DWC USE ONLY
Original panel source_____Original panel specialty _____ Referral _____