

DRAFT

State of California
Division of Workers' Compensation Medical Unit
P.O. Box 71010
Oakland, CA 94612

QME Notice of Unavailability

Form must be filed 30 days prior to date of unavailability

QME first name *(Required)* (Print or type): _____

QME last name *(Required)* (Print or type): _____

Complete both pages of this application to request unavailability. It is not an acceptable reason to request unavailability that a QME does not intend to perform evaluations for unrepresented workers. A QME who is unavailable may not schedule or perform QME evaluation examinations (initial or follow up) until the QME returns to active status. A QME may complete reports for evaluation exams performed before becoming unavailable or supplemental reports. A QME who is unavailable for more than 90 calendar days during the QME fee period calendar year without good cause may be denied reappointment. If this form is being filed less than 30 days before the QME is to become unavailable, attach a separate explanation of good cause for approving the late application. Check the appropriate box to indicate that you will be unavailable for panel assignments for a period of 14 days to 90 days.

Completion of this section is required. (Choose only one)

I will be unavailable for all qualified medical evaluation panel assignments from _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

I will be unavailable only at the QME office location (s) listed below for all qualified medical evaluation panel assignments from _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

Street Address _____

City _____ Zip Code _____

Street Address _____

City _____ Zip Code _____

Street Address _____

City _____ Zip Code _____

Street Address _____

City _____ Zip Code _____

Street Address _____

City _____ Zip Code _____

Street Address _____

City _____ Zip Code _____

Street Address _____

City _____ Zip Code _____

Street Address _____

City _____ Zip Code _____

Street Address _____

City _____ Zip Code _____

Street Address _____

City _____ Zip Code _____

QME signature _____ Date _____

Calif. License number _____

