

Claim Number: _____

Employer and Claims Administrator Information

Employer: _____

Claims Administrator Company Name: _____

Claims Adjustor Name: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Defendant's Attorney

First Name _____ Last Name _____

Law Firm Name _____

Address/PO Box (Please leave blank spaces between numbers, names or words) _____

City _____ State _____ Zip Code _____ Phone Number _____

Date: _____

Print Name of Requestor _____

Signature of Requestor _____

The completed form must be mailed to:
Division of Workers' Compensation-Medical Unit
P.O. Box 71010, Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Note: The party submitting this form must attach a copy of the written objection to an opinion of a treating physician identifying an issue in dispute.

For Use with the QME Panel Request Form 106a

MD/DO SPECIALTY CODES

<u>MAI</u>	<u>Allergy and Immunology</u>
<u>MDE</u>	<u>Dermatology</u>
<u>MEM</u>	<u>Emergency Medicine</u>
<u>MFP</u>	<u>Family Practice</u>
<u>MPM</u>	<u>General Preventive Medicine</u>
<u>MHH</u>	<u>Hand</u>
<u>MMM</u>	<u>Internal Medicine</u>
<u>MMV</u>	<u>Internal Medicine- Cardiovascular Disease</u>
<u>MME</u>	<u>Internal Medicine- Endocrinology Diabetes and Metabolism</u>
<u>MMG</u>	<u>Internal Medicine</u>
<u>MMH</u>	<u>Internal Medicine-Hematology</u>
<u>MMI</u>	<u>Internal Medicine-Infectious Disease</u>
<u>MMN</u>	<u>Internal Medicine-Nephrology</u>
<u>MMP</u>	<u>Internal Medicine-Pulmonary Disease</u>
<u>MMR</u>	<u>Internal Medicine-Rheumatology</u>
<u>MNB</u>	<u>Spine</u>
<u>MPN</u>	<u>Neurology</u>
<u>MNS</u>	<u>Neurological Surgery (<i>other than Spine</i>)</u>
<u>MOG</u>	<u>Obstetrics and Gynecology</u>
<u>MPO</u>	<u>Occupational Medicine</u>
<u>MMO</u>	<u>Oncology- Orthopaedic Surgery Internal Medicine or Radiology</u>
<u>MOP</u>	<u>Ophthalmology</u>
<u>MOS</u>	<u>Orthopaedic Surgery(<i>other than Spine or Hand</i>)</u>
<u>MTO</u>	<u>Otolaryngology</u>
<u>MPA</u>	<u>Pain Medicine</u>
<u>MHA</u>	<u>Pathology</u>
<u>MPR</u>	<u>Physical Medicine & Rehabilitation</u>
<u>MPS</u>	<u>Plastic Surgery (<i>other than Hand</i>)</u>
<u>MPD</u>	<u>Psychiatry (<i>other than Pain Medicine</i>)</u>
<u>MSY</u>	<u>Surgery(<i>other than Spine or Hand</i>)</u>
<u>MSG</u>	<u>Surgery-General Vascular</u>
<u>MTS</u>	<u>Thoracic Surgery</u>
<u>MTT</u>	<u>Toxicology</u>
<u>MUU</u>	<u>Urology</u>

NON-MD/DO SPECIALTY CODES

<u>ACA</u>	<u>Acupuncture</u>
<u>DCH</u>	<u>Chiropractic</u>
<u>DEN</u>	<u>Dentistry</u>
<u>OPT</u>	<u>Optometry</u>
<u>POD</u>	<u>Podiatry</u>
<u>PSY</u>	<u>Psychology</u>
<u>PSN</u>	<u>Psychology -Clinical Neuropsychology</u>

Do not file this page with your form!