

State of California
Department of Industrial Relations
Division of Workers' Compensation
Request for Factual Correction of a
Unrepresented Panel QME Report

Person Requesting Correction
(Required)

Employee Date of Birth
(MM/DD/YYYY) (Required)

Date of Injury
(MM/DD/YYYY) (Required)

QME, Case and Report information (Required)

QME Name: (Please leave blank spaces between numbers, names or words)

QME Street Address: (Please leave blank spaces between numbers, names or words)

QME City

State

Zip Code

Panel Number

Date Report served
(MM/DD/YYYY)

Employee Information (Required)

Employee First Name:

MI

Employee Last Name:

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

Employee City (Please leave blank spaces between numbers, names or words)

State

Employee Zip Code

Employer and Claims Administrator Information (Required)

Employer Name (Please leave blank spaces between numbers, names or words)

Claims Administrator Company Name (Please leave blank spaces between numbers, names or words)

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

Claims Administrator City

State

Administrator Zip Code

Indicate the factual information that you believe is incorrect that should be corrected. **Do not attach any additional medical information to this form.** You may attach additional pages to point out the factual issues you believe need correction.

Date: (MM/DD/YYYY)

Signature

Proof of Service By Mail

I declare that:

I am a resident of or employed in the county where the mailing took place. I am over the age of eighteen years, my business or residence address is:

On _____, I served the attached the Request for Factual Correction by placing a true copy thereof enclosed in a sealed envelope with fully paid postage in the United State mail, addressed as follows:

Disability Evaluation Unit

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

City _____ State _____ Zip Code _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on:

Date: _____ at _____, California.
City

Type or print name _____

Signature _____