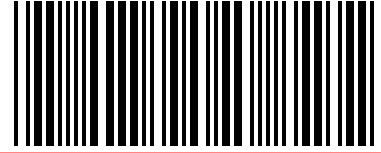


State of California
Department of Industrial Relations
Division of Workers' Compensation
Request for Factual Correction of an
Unrepresented Panel QME Report



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. **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

Declaration of Service

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 and I am not a party to this case, my business or residence address is:

On _____, I served this Factual Correction form, the original, or a true and correct copy of the original, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U. S. Postal Service with the postage fully prepaid.
- B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U. S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service (Messenger must return to you a completed declaration of personal service.)
- E personally delivering the sealed envelope to the person or firm named below at the address show below.

<u>Method of Service</u>	<u>Person or firm served</u>	<u>Street Address</u>
	<u>City</u>	<u>State</u> <u>Zip Code</u>

<u>Method of Service</u>	<u>Person or firm served</u>	<u>Street Address</u>
	<u>City</u>	<u>State</u> <u>Zip Code</u>

<u>Method of Service</u>	<u>Person or firm served</u>	<u>Street Address</u>
	<u>City</u>	<u>State</u> <u>Zip Code</u>

<u>Method of Service</u>	<u>Person or firm served</u>	<u>Street Address</u>
	<u>City</u>	<u>State</u> <u>Zip Code</u>

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ at _____, California.

Type or print name _____

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 and 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 _____