

DEPARTMENT OF INDUSTRIAL RELATIONS  
INDUSTRIAL MEDICAL COUNCIL

ADDRESS REPLY TO:

395 Oyster Point Blvd., Ste. 102  
South San Francisco, CA 94080  
Tel. No.: (650) 737-2700 or 1 (800) 794-6900 Fax No.: (650) 737-2711

P. O. Box 8888  
San Francisco, CA 94128-8888



TO: \_\_\_\_\_ DATE: \_\_\_\_\_

Evaluator's Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injured worker's Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Injury: \_\_\_\_\_

Case Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Panel Number: \_\_\_\_\_

**DENIAL OF TIME EXTENSION**

Your request for time extension for medical evaluation report submission has been denied for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The report is due within 45 days for injuries occurring on or after 1/1/91 up to 12/31/93 or 30 days for injuries occurring on or after 1/1/94 of the appointment. Please note Labor Code Section 4062.5 states that the QME is not entitled to payment for evaluations which are not submitted in a timely manner and rejected by the applicant. The injured worker now has the option of accepting the late report or requesting a replacement.