

## Change of Treating Doctor Form

|  |                     |  |                         |
|--|---------------------|--|-------------------------|
| Employee's Name (Last, First, M.I.)  |                     | Current Treating Doctor's Name and Title |                         |
| Mailing Address  | County of Residence | Mailing Address                          |                         |
| City    State    Zip Code  | Phone Number        | City    State    Zip Code                | Doctor's Phone Number   |
| Date of Birth  | Date of Injury      | Employer's Name                          | Employer's Phone Number |
| Have you returned to work?<br><input type="checkbox"/> Full Duty <input type="checkbox"/> Light Duty <input type="checkbox"/> No, not at all |                     | Employer's Mailing Address               |                         |
| Insurance Carrier's Name, Address, and Phone #   |                     |  |                         |

**REQUEST TO CHANGE TO:**

I agree to serve as treating doctor and to assume all of the responsibilities of a treating doctor under the Alliance requirements and other applicable governing laws and rules.

|                                       |                             |       |
|---------------------------------------|-----------------------------|-------|
| _____                                 | _____                       | _____ |
| Requested Treating Doctor's Signature | Professional License Number | Date  |

|                                  |                  |
|----------------------------------|------------------|
| Requested Treating Doctor's Name | Telephone Number |
| Mailing Address                  | Title            |

**REASON TO CHANGE:**

If your request is to change treating doctors, please provide the reason(s) for your need to request a new treating doctor:

**Request Approved.**

**Request Denied.** Reason: \_\_\_\_\_

\_\_\_\_\_

**Exception**

Current treating doctor referred you to this doctor

Current treating doctor retired, died, or is no longer contracted with the Alliance

**SUPERVISOR APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_