



Workers' Compensation Division

Request to Change Attending Physician or Authorized Nurse Practitioner

An attending physician is the health care provider you have chosen to be in charge of your medical care for your on-the-job injury. An authorized nurse practitioner may assume a similar role. You may choose an initial attending physician or authorized nurse practitioner and change two times by your choice without getting the insurance company's approval. If the insurance company denies your request for an additional change, you may use this form to ask the Workers' Compensation Division to review the denial.

Who can be an attending physician or authorized nurse practitioner, and for how long?

A medical doctor, doctor of osteopathy, or oral surgeon can be your attending physician at any time for as long as you require medical treatment for the on-the-job injury.

During the initial claim, you may also choose one of the following providers:

Nurse practitioner: The nurse practitioner must be authorized to treat patients for a workers' compensation claim. An authorized nurse practitioner may provide treatment for up to 90 days from your first visit to the nurse practitioner.

Chiropractor, naturopathic physician, physician assistant, or podiatrist: The provider must have certified to WCD to be an attending physician and provide medical treatment to patients with on-the-job injuries. The provider may provide medical treatment for 60 days, or 18 visits, from the date of the first visit to any chiropractor, naturopathic physician, physician assistant, or podiatrist, whichever event occurs first.

To find out if a nurse practitioner is authorized or if a chiropractor, naturopathic physician, physician assistant, or podiatrist has been certified, please call 503-947-7606, or to view a list, see the division's Web site:

www.wcd.oregon.gov/rdrs/mru/mpindex.html

To find out more about who can provide medical services and authorize payments for time off work, you can read [OAR 436-010-0210](#), or call and speak to a benefit consultant at 503-947-7585, or toll-free at 800-452-0288.

The form is on the reverse side.



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WORKER INFORMATION

Worker name: _____ Phone: _____

Address: _____ City, State, ZIP: _____

Date of injury: _____ Insurer: _____ Claim no.: _____

PROVIDER INFORMATION

1. Do you have an attending physician or nurse practitioner at this time? Yes No
If yes, is the health care provider an attending physician; or a nurse practitioner?

Provider's name: _____ Phone: _____

Address: _____ City, State, ZIP: _____

2. Why do you want to change providers? (You may attach additional sheets, if necessary.)

3. Who do you want to be your attending physician or nurse practitioner?

Provider's name: _____ Phone: _____

Address: _____ City, State, ZIP: _____

4. List any other providers who have treated or evaluated you for this workers' compensation claim (You may attach additional sheets, if necessary.):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Worker's signature: _____ Date: _____

Send the completed and signed form, and additional sheets to:

**Workers' Compensation Division
Medical Section, Resolution Team
350 Winter St. NE
P.O. Box 14480
Salem OR 97309-0405**

If you have questions, you can call the Ombudsman for Injured Workers at 800-927-1271, the Resolution Team at 503-947-7606, e-mail wcd.medicalquestions@state.or.us, or visit our Web site: www.wcd.oregon.gov.

The Workers' Compensation Division will let you know the decision.