State of California
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
REQUEST FOR QME PANEL UNDER LABOR CODE § 4062.1
UNREPRESENTED
(For date of injury on or after 1/1/2013 Please print or type)

Date of Injury *(Required)*:_____ Claim Number *(Required)*: _____

Specialty Requested *(Required):*

_____

Requesting party ***(Required)*** *(Check one box only)*

☐ Injured Employee ☐ Defense Attorney ☐ Claims Administrator

Reason QME panel is being requested *(Check one box only)*

☐ § 4060 (compensability exam) ☐ § 4061 (permanent disability dispute) ☐ § 4062 (non medical treatment dispute under 4062)

Employee Information *(Required)*

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____ Daytime Phone No: _____

If currently not living in state, enter the California zip code on date of injury: _____

If never resided in state, enter the California zip code agreed on for the evaluation: _____

Has the employee ever received a QME panel before? ☐ Yes ☐ No If yes, Panel Number *(If known)*: _____

Name of QME seen: _____ Date of Exam: _____ Date of Injury: _____

Has that claim been settled or resolved? ☐ Yes ☐ No Is this a dispute about a current need for medical treatment? ☐ Yes ☐ No

Employer and Claims Administrator Information *(Required)*

Employer: _____

Claims Administrator Company Name: _____

Claims Examiner Name: _____

Street Address or P.O. Box: _____

City: _____ State: _____ Zip Code: _____ Phone No. _____

Defendant's Attorney

_____ _____
First Name Last Name

_____
Law Firm Name

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

_____ _____ _____ _____
City State Zip Code Phone Number

_____ _____ _____
Date: Print Name of Requestor Signature of Requestor

The completed form must be mailed to: Division of Workers' Compensation-Medical Unit- P.O. Box 71010, Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Note: Each employer or claims administrator submitting this form to request a QME panel must attach a copy of the correspondence and required notices sent to the injured employee with the panel request form

For Use with the QME Panel Request Form 105a

MD/DO SPECIALTY CODES

MAI	Allergy and Immunology
MDE	Dermatology
MEM	Emergency Medicine
MFP	Family Practice
MPM	General Preventive Medicine
MHH	Hand
MMM	Internal Medicine
MMV	Internal Medicine- Cardiovascular Disease
MME	Internal Medicine- Endocrinology Diabetes and Metabolism
MMG	Internal Medicine-Gastroenterology
MMH	Internal Medicine-Hematology
MMI	Internal Medicine-Infectious Disease
MMN	Internal Medicine-Nephrology
MMP	Internal Medicine-Pulmonary Disease
MMR	Internal Medicine-Rheumatology
MNB	Spine
MPN	Neurology
MNS	Neurological Surgery *(other than Spine)*
MOG	Obstetrics and Gynecology
MPO	Occupational Medicine
MMO	Oncology- Orthopaedic Surgery Internal Medicine or Radiology
MOP	Ophthalmology
MOS	Orthopaedic Surgery*(other than Spine or Hand)*
MTO	Otolaryngology
MPA	Pain Medicine
MHA	Pathology
MPR	Physical Medicine & Rehabilitation
MPS	Plastic Surgery *(other than Hand)*
MPD	Psychiatry *(other than Pain Medicine)*
MSY	Surgery*(other than Spine or Hand)*
MSG	Surgery-General Vascular
MTS	Thoracic Surgery
MTT	Toxicology
MUU	Urology

NON-MD/DO SPECIALTY CODES

ACA	Acupuncture
DCH	Chiropractic
DEN	Dentistry
OPT	Optometry
POD	Podiatry
PSY	Psychology
PSN	Psychology-Clinical Neuropsychology

Do not file this page with your form!