

State of California
Division of Workers' Compensation - Medical Unit
Additional Panel Request-8 Cal. Code of Regulations section 31.7
(Please print or type)

<u>Original panel number (Required)</u>	<u>Claim number (Required)</u>	<table border="0" style="width:100%"><tr><td style="width:60%"><u>Requesting Party (Required)</u></td><td style="width:40%"><input type="checkbox"/> <u>Joint request</u></td></tr><tr><td><input type="checkbox"/></td><td><u>Applicant's Attorney/Injured Worker</u></td></tr><tr><td><input type="checkbox"/></td><td><u>Defense Attorney/Claims Administrator</u></td></tr></table>	<u>Requesting Party (Required)</u>	<input type="checkbox"/> <u>Joint request</u>	<input type="checkbox"/>	<u>Applicant's Attorney/Injured Worker</u>	<input type="checkbox"/>	<u>Defense Attorney/Claims Administrator</u>
<u>Requesting Party (Required)</u>	<input type="checkbox"/> <u>Joint request</u>							
<input type="checkbox"/>	<u>Applicant's Attorney/Injured Worker</u>							
<input type="checkbox"/>	<u>Defense Attorney/Claims Administrator</u>							

<u>Employee first name (Required)</u>	<u>Middle Initial</u>	<u>Employee last name (Required)</u>	<u>EAMS number (Required if a case is filed)</u>
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Reason for the additional panel request (Required)

- ☐ A written agreement between the parties in a represented case.
(Please attach a signed joint letter or jointly sign the bottom of this form)
- ☐ The acupuncturist QME selected advised the parties that disability is in issue and a QME is a different specialty is necessary.
(Please attach copy of the letter from the AME/QME.)

Indicate the specialties you are requesting. Each specialty request must be justified by the reason listed above.

Specialty to be issued

Specialty to be issued

Specialty to be issued

<u>Date of Request:</u> <u>(mm/dd/yyyy)</u>	<u>Name of Requestor (Required)</u>	<u>Signature of Requestor:</u>
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<u>Requestor Address (Required)</u>	<u>State (Required)</u>	<u>Zip Code (Required)</u>
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<u>Name of Requestor</u>	<u>Signature of Requestor:</u>
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<u>Requestor Address</u>	<u>State</u>	<u>Zip Code</u>
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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 Additional Panel Request 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.
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.
- B 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>
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<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 _____

QME Specialty Codes

MD/DO Specialty Codes

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

NON-MD/DO Specialty Codes

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

Do Not file this page with your additional panel request!