



BULLETIN NO. 251 (Revised) May 17, 2024

TO: All interested parties

SUBJECT: Form and format for worker's request for director approval to change

attending physician or authorized nurse practitioner

EFFECTIVE: June 6, 2024

This bulletin provides a revised Form 2332, "Request to Change Attending Physician or Authorized Nurse Practitioner." We revised the form to change the term "physician assistant" to "physician associate" as a result of House Bill 4010 (effective June 6, 2024), and made a few other non-substantive edits.

Insurers are required to provide workers with a copy of this form when workers request approval from the director to change their attending physician or authorized nurse practitioner under ORS 656.245(2) and OAR 436-010-0220. This bulletin replaces Bulletin 251 issued Dec. 4, 2023.

You may download a copy of the Microsoft Word form from the Workers' Compensation Division's website: http://wcd.oregon.gov/forms/Pages/forms.aspx.

If you have questions about this bulletin or Form 2332, contact the Medical Resolution Team at 503-947-7606, email wcd.medicalquestions@dcbs.oregon.gov, or visit our website: www.oregonwcdoc.info.

Matt West, Interim Administrator Workers' Compensation Division

Distribution: WCD-LY, electronic mailing lists

Form 2332, "Request to Change Attending Physician or Authorized Nurse Practitioner" Attachment:

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