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BULLETIN NO. 252 (Rev.) March 12, 2015

TO: Workers' compensation insurers, self-insured employers,

and other interested parties

SUBJECT: Form 2333, "Insurer's Request for Director Approval of an Additional Independent Medical

Examination"

This bulletin provides a revised Form 2333. The division revised the form to add a question for the insurer to explain the purpose of previous independent medical exams. Insurers must use Form 2333 to request the director's approval for an additional independent medical examination, beyond the three allowed under ORS 656.325(1). This bulletin replaces Bulletin 252 issued Aug. 29, 2007.

The director will approve or deny the request based on available information. Attach additional sheets if space on the form is not sufficient. Send a copy of Form 2333 and any attachments to the worker and to the worker's attorney (if represented).

You can download the form from the Workers' Compensation Division's website: http://wcd.oregon.gov/forms/Pages/forms.aspx.

Contact the Medical Resolution Team at 503-947-7606, email <u>wcd.medicalquestions@oregon.gov</u>, or visit our website: <u>www.wcd.oregon.gov</u>, if you have any questions about this bulletin or Form 2333.

/s/ John L. Shilts

John L. Shilts, Administrator Workers' Compensation Division

Distribution: WCD-LY, electronic mailing lists

Attachment: Form 2333 (rev. 3/15)