Workers' Compensation Division
Department of Consumer and Business Services

Request to Change Attending Physician

An attending physician is the health care provider in charge of your medical care for your on-the-job injury. You may choose your attending physician. After your first choice, you may choose to change your attending physician two times without your insurer's approval. If you request an additional change and your insurer denies your request, you may use this form to ask the Workers' Compensation Division (WCD) to review the denial.

Who can be an attending physician, and for how long?

A medical doctor, osteopathic physician, oral surgeon, podiatrist, nurse practitioner, or physician associate can be your attending physician at any time for as long as you require medical treatment for the on-the-job injury. A nurse practitioner must be authorized by WCD to treat patients for a workers' compensation claim (ORS 656.797). A physician associate must be certified by WCD to treat patients for a workers' compensation claim (ORS 656.799).

During the initial claim, **a chiropractic physician or naturopathic physician** can be your attending physician for a limited period. The provider must be certified by WCD to treat patients for a workers' compensation claim (ORS 656.799). The provider may provide medical treatment for up to 60 days from your first visit to a chiropractic or naturopathic physician, up to a maximum of 18 visits within the 60-day period.

To find out if a nurse practitioner is authorized, or if a chiropractic physician, naturopathic physician, or physician associate is certified, please call 503-947-7606, or see WCD's website to view a list: www.oregonwcdoc.info.

To find out more about who can provide medical services and authorize payments for time off work, you can refer to OAR 436-010-0210, "Attending Physician and Temporary Disability Authorization," or call and speak to a benefit consultant at 503-947-7585 or 800-452-0288 (toll-free).

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 at this time? ☐ Yes ☐ No

   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?

   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 Resolution Team
350 Winter St. NE
P.O. Box 14480
Salem OR 97309-0405

If you have questions, you can call the Ombuds Office for Oregon Workers at 800-927-1271 (toll-free), the Resolution Team at 503-947-7606, email wcd.medicalquestions@dcbs.oregon.gov, or visit our website: www.oregonwcdoc.info.

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