|  |  |  |
| --- | --- | --- |
| http://inside.cbs.state.or.us/docs/branding/logos/wcd/en/JPEG/WCD-logo-black.jpg |  | Medical Arbiter **Statement of Interest** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Provider information | | | | | | | | | | | | |
| Physician’s name: | | | |  | | | | | Clinic name: |  | | |
| Address: | | |  | | | | | | | | | |
| Phone: | |  | | | | | Email: |  | | | Fax: |  |
| Primary contact person: | | | | |  | | | | | | | |
| Preferred way of receiving medical records: | | | | | | | | | | | | |
|  | Electronic | | | | | Mail to clinic | | | | | | |
|  | Mail to other address: | | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| State license and board certification | | | | | | | | | |
| State board licensed in:  Oregon | | | Other: |  | | | | | |
| License no.: |  | | Effective date: | | |  | | Expires: |  |
| Primary specialty: | |  | | | Sub-specialty: | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Physician’s signature |  | Date |  |

You will receive a follow-up contact from the Appellate Service Team with the Workers’ Compensation Division within two weeks of receipt of your statement of interest. If you have any questions regarding this program, call our office at 503-947-7816.

|  |  |
| --- | --- |
| Send your statement of interest to:  Department of Consumer and Business Services  Workers’ Compensation Division  Appellate Review Unit  350 Winter St NE  P.O. Box 14480  Salem OR 97309-0405 | |
| Please complete the reverse side of this form | |
| 440-3306 (8/24/DCBS/WCD/WEB) | 3306 |

If you would only like to perform specific types of arbiter examinations, please specify below by marking the appropriate boxes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Simple orthopedics: | | | | | |
|  | Sprains/strains | | | Simple fractures | |
|  | No surgeries | | | Spinal injuries without surgeries | |
|  |  | | |  | |
| Moderately complex to complex orthopedics: | | | | | |
|  | Spinal injuries with surgeries | | | Complex fractures | |
|  | Spinal fusions | | | Residual functional capacity | |
|  |  | | |  | |
| Occupational medicine: | | | | | |
|  | Sprains/strains | | | Burns | |
|  | Hernias | | | Infectious disease | |
|  | Chemical/toxic exposure | | | Bloodborne pathogens | |
|  | Contact dermatitis | | | Concussions | |
|  | Pulmonology | | |  | |
|  |  | | |  | |
| Hand specialist: | | | | | |
|  | Hands only | | | Hand/wrist/elbow | |
|  |  | | Amputations |  | Cold intolerance |
|  |  | | Carpal tunnel |  | Sympathetic reflex dystrophy |
|  |  | | |  | |
| Vascular conditions: | | | | | |
|  | Deep vein thrombosis | | | Cold intolerance | |
|  | Raynaud’s | | | Thoracic outlet syndrome | |
|  |  | | |  | |
| Rheumatology/immunology | | | | | |
|  |  | | |  | |
| Head injuries: | | | | | |
|  | Cranial nerves | | | Concussions | |
|  | Cognitive impairment | | | Headaches | |
|  |  | | |  | |
| Other: | |  | | | |
|  | |  | | | |
| 440-3306 (8/24/DCBS/WCD/WEB) | | | | | |