WCD Workers' Compensation Division
Department of Consumer and Business Services

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

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

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

_____