Go to Form

Clear Entire Form

Clear This Page

Back to Instructions

☐ ☐

12. MEDICAL PROVIDER HISTORY

Clear This Page

List name AND address of each physician who has evaluated or treated the claimant for this and/or any other relevant medical condition or injury. If a physician assigned an MMI date or an impairment rating, list the information. At least one MMI date must be listed for an IME to proceed. Attach additional pages, if needed. The Division and the IME physician use this information to assure there is no conflict of interest.

Physician Name	Physician Address (Street Address, City, State and Zip Code)	MMI Date	% Rating (WP or Extremity)

13. CERTIFICATE OF PAYMENT FOR IME

I hereby certify that I will be responsible for payment of the Division of Workers' Compensation Independent Medical Exam. I understand that this payment MUST be made to the selected physician's office at least ten (10) calendar days before the scheduled exam. ****Check Here**☐ **if the claimant is the requester and has received a determination of indigence by order of an administrative law judge, or if an indigence proceeding is pending. If there has been an order granting indigence the insurance carrier or employer must advance the funds to pay for this IME, regardless of whether the claimant signs below**. It is requested that a copy of the judge's order be attached to this application.

By: _____
Requester's Signature

_____ _____
Requester's Name Requester's Address

14. CERTIFICATE OF MAILING: Copies of this document were placed in the U.S. mail or delivered to the following parties this _____ day of _____ , _____

List the names and address of all persons copied: Name Address

Claimant:
Claimant's Attorney:
Carrier:
Carrier's Attorney:
Division of Workers' Compensation, 633 17th Street, Suite 400, Denver, CO 80202-3626
(Send original document to the Division.)

By: _____
Signature

If you have any questions about the IME process, contact the Division of Workers' Compensation IME Unit.

Division of Workers' Compensation
IME Unit
633 17th Street, Suite 400
Denver, CO 80202-3626
303.318.8655
Toll Free: 888.390.7936