

Change of Network Treating Doctor Request

Injured Worker	Injured worker name		
	Address		
	Insurance carrier & employer		
	Claim number		
	Date of injury		
	Current treating doctor		
Please explain your reason for requesting a change of treating doctor: _____ _____ _____ _____			
		Injured worker (Required Signature)	Date
It is your responsibility to have your proposed treating doctor complete the following information and sign below.			

Proposed Doctor	Doctor name		
	Address		
	Phone/fax numbers		
	Do you accept responsibility to coordinate all of the injured worker's health care needs? _____ Please attach any additional documentation and/or medical records that will substantiate this request. _____		
			Physician (Required Signature)
Once completed, this form should be mailed or faxed to the claims adjuster.			

Adjuster response	Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Denied* <input type="checkbox"/> Other (see rationale below)		
	Decision rationale			
	Network name	CompKey +		
	Adjuster name			
	Phone/fax numbers			
Adjuster: Please forward a copy of the decision to the network				

*Appeals process: Appeals may be filed with the network: CompKey Plus, 10535 Boyer Blvd Ste. 100, Austin TX 78758. Fax: (800) 580-3123, Phone (800) 580-1314, Email: compkey@careworksmcs.com. Access the network complaint/appeal form online at <https://www.careworks.com>.