

State of California, Division of Workers' Compensation  
**REQUEST FOR QUALIFIED MEDICAL EVALUATOR PANEL**  
**(Unrepresented Employee)**

**TO REQUEST A QUALIFIED MEDICAL EVALUATOR (QME) PANEL FOR AN UNREPRESENTED EMPLOYEE:**

1. Complete this form (print or type the information). Sign and date at bottom.
2. If the request is made to determine if the injury is work-related, include a copy of the claims administrator's notice that the claim was denied, or a copy of the claims administrator's request for an evaluation.
3. Complete the attached Proof of Service.
4. For Employee: Mail the completed signed form and Proof of Service to:  
Division of Workers' Compensation – Medical Unit  
P.O. Box 71010, Oakland, CA 94612  
(510) 286-3700 or (800) 794-6900
5. For Employee: Mail or deliver a signed copy of the form and Proof of Service to your Claims Administrator.
6. For Claims Administrator/Defense Attorney: Mail the completed signed form, attach a copy of the written objection to an opinion of a treating physician, and Proof of Service, to the Medical Unit with a copy served to the Employee.

**Panel Request Information :**

Date of Injury: \_\_\_\_\_ Claim Number: \_\_\_\_\_ Specialty Requested: \_\_\_\_\_

(Select only ONE specialty)

Requesting Party:  Employee  Claims Administrator  Defense Attorney

**Reason for QME Panel Request (check one):**

- To determine if the injury is work-related (attach claims administrator's notice that claim was denied or a copy of the claims administrator's request for an evaluation).
- Objection to Primary Treating Physician's determination regarding temporary disability, permanent disability, or the need for future medical care.
- Work injury claim is accepted for one or more body parts, there is a dispute over additional body parts.
- Other (specify non-medical treatment dispute): \_\_\_\_\_

**Employee Information**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

If currently not living in state, enter the California zip code on date of injury: \_\_\_\_\_

If never resided in state, enter the California zip code agreed on for the evaluation: \_\_\_\_\_

**Employer/Claims Administrator Information**

Employer: \_\_\_\_\_ Zip Code of Employer: \_\_\_\_\_

Claims Administrator Company Name: \_\_\_\_\_ Adjuster/Contact Name (if known): \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Requestor Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

## PROOF OF SERVICE

**Instructions:**

1. Complete the Proof of Service.
2. For Employee: Mail the completed signed form and Proof of Service to:  
Division of Workers' Compensation – Medical Unit  
P.O. Box 71010, Oakland, CA 94612  
(510) 286-3700 or (800) 794-6900
3. For Employee: Mail or deliver a signed copy of the form and Proof of Service to your Claims Administrator.
4. For Claims Administrator/Defense Attorney: Mail the completed signed form attach a copy of the written objection to an opinion of a treating physician, and Proof of Service, to the Medical Unit with a copy served to the Employee.

I declare that I am a resident of or employed in the county of \_\_\_\_\_, California; I am over the age of eighteen years.

On \_\_\_\_\_, I served the attached completed Form 105 on the following parties:

by mail to:

\_\_\_\_\_  
Name of Employee or Claims Administrator

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip code

by hand-delivery to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip code

**I declare, under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.**

**Executed on \_\_\_\_\_, at \_\_\_\_\_, California**

**Type or Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**For Use with the QME Panel Request Form 105**

**MD/DO SPECIALTY CODES**

|   |  |
|---|--|
| MAA Anesthesiology  | MHH Orthopedic Surgery - Hand                          |
| MAI Allergy & Immunology                                    | MTO Otolaryngology                                     |
| MPA Pain Medicine   | MHA Pathology  |
| MDE Dermatology   | MPR Physical Medicine & Rehabilitation                 |
| MAI Dermatology – Allergy & Immunology                      | MPA Physical Medicine & Rehabilitation – Pain Medicine |
| MEM Emergency Medicine                                      | MPS Plastic Surgery (other than Hand)                  |
| MTT Emergency Medicine – Toxicology                         | MHH Plastic Surgery – Hand                             |
| MFP Family Practice   | MPD Psychiatry (other than Pain Medicine)              |
| MPM General Preventive Medicine                             | MPA Psychiatry – Pain Medicine                         |
| MTT General Preventive Medicine – Toxicology                | MSY Surgery (other than Spine or Hand)                 |
| MMM Internal Medicine                                       | MHH Surgery - Hand                                     |
| MAI Internal Medicine- Allergy & Immunology                 | MSG Surgery- General Vascular                          |
| MMV Internal Medicine – Cardiovascular Disease              | MTS Thoracic Surgery                                   |
| MME Internal Medicine - Endocrinology Diabetes & Metabolism | MUU Urology  |
| MMG Internal Medicine – Gastroenterology                    |  |
| MMH Internal Medicine – Hematology                          | <b><i>NON-MD/DO SPECIALTIES CODES</i></b>              |
| MMI Internal Medicine – Infectious Disease                  | ACA Acupuncture  |
| MMO Internal Medicine – Medical Oncology                    | DCH Chiropractic                                       |
| MMN Internal Medicine – Nephrology                          | DEN Dentistry  |
| MMP Internal Medicine – Pulmonary Disease                   | OPT Optometry  |
| MMR Internal Medicine – Rheumatology                        | POD Podiatry   |
| MPN Neurology   | PSY Psychology   |
| MPA Neurology – Pain Medicine                               |  |
| MNS Neurological Surgery (other than Spine)                 |  |
| MNB Neurological Surgery – Spine                            |  |
| MOG Obstetrics & Gynecology                                 |  |
| MOQ Medicine Otherwise Qualified                            |  |
| MPO Occupational Medicine                                   |  |
| MTT Occupational Medicine – Toxicology                      |  |
| MOP Ophthalmology   |  |
| MOS Orthopedic Surgery (other than Spine or Hand)           |  |
| MNB Orthopedic Surgery - Spine                              |  |

***Do not file this page with your form!***