

Request for a Non-Primary Care Treating Doctor

Dear Injured Employee & Non-Primary Care Specialist,

The CompKey Plus Network requires the following information and signatures in order to review your request for a change of treating doctors to a non-primary care doctor. Both the employee and provider specialist must provide information.

Employee Information

Requested Item	Response
Name	
Address	
Insurance Carrier	
Claim Number	
Date of Injury	
Employer	
Current Treating Doctor	

Please explain your reason for requesting a non-primary care physician to be used as your treating doctor.

Specialist Provider Information

Requested Item	Response
Name	
Address	
Phone/Fax Numbers	

1. Do you accept responsibility to coordinate all of the injured worker's health care needs?
2. Please provide the medical need for this injured worker to be under your care instead of the standard primary care physician.
3. Please attach any additional documentation and/or medical records that will substantiate this request.

Required Signatures

Injured Employee

Date

Physician Specialist

Date

Once completed, this form should be mailed or faxed to the CompKey Plus Network. You will be notified in writing of the outcome. If you have any questions or need assistance in completing this form, please call the Network at **800-580-1314**.

