

Request for a Non-Primary Care Treating Doctor

Injured Worker	Injured worker name		
	Address		
	Insurance carrier & employer		
	Claim number		
	Date of injury		
	Current treating doctor		
	Please explain your reason for requesting a non-primary care physician to be used as your treating doctor: _____ _____ _____ _____		
Injured worker signature (Required)			Date

Physician Specialist	Specialist Provider name			
	Address			
	Phone/fax numbers			
	Do you accept responsibility to coordinate all of the injured worker's health care needs? _____ Please explain the medical need for this injured worker to be under your care instead of the standard primary care physician: _____ _____ _____			
	Please attach any additional documentation and/or medical records that will substantiate this request.			
	Physician Specialist Signature (Required)			Date

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@careworks.com. Access the network complaint/appeal form online at <https://www.yorkrisk.com>.