

**TRISTAR Managed Care
HISD WC 504 Provider Panel
Employee Request to Change Treating Doctor**

INSTRUCTIONS

Please complete the form below and fax it to the HISD 504 Panel Administrator at (714) 245-4856 or mail to TRISTAR Managed Care Attn: HISD Panel Administrator P.O. Box 10220 Santa Ana, CA 92711. A decision will be mailed to you within 30 days of receipt of this request.

I. Employee Information

First:		Last:		MI:		Date of Injury:	
Date Of Birth:		SSN:		Claim Number:			
Address:				City:			
				State:			
				Zip:			
				County / Parish:			
Phone:		Fax:		Email:			

II. Current Treating Doctor Information

Provider Name:							
Provider Group (if applicable):							
Address:				City:			
				State:			
				Zip:			
				County / Parish:			
Phone:		Fax:		Email:			

III. Reason for Requesting Change of Treating Doctor

Explain Why You Are Requesting to Change Your Treating Doctor (Attach additional sheets if necessary.):

IV. Requested Treating Doctor Information:

Provider Name:							
Provider Group (if applicable):							
Address:				City:			
				State:			
				Zip:			
				County / Parish:			
Phone:		Fax:		Email:			

V. Requested Treating Doctor's Signature:

Provider's Name (Please Print):							
Provider's Signature:						Date:	

I. Employee's Signature:

By Signing this form I confirm that I wish to change my treating doctor, and I authorize my current treating doctor to furnish records pertaining to my workers; compensation claim to the requested treating doctor.

Employee's Signature:						Date:	
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Frequently Asked Questions

Employee Request to Change Treating Doctor

Under what circumstances am I required to submit an Employee Request to Change Treating Doctor?

Should you become dissatisfied with your first choice of treating doctor, you have the right to select an alternate treating doctor from within the HISD WC 504 Provider Panel. You may contact your Claims Adjuster or Nurse Case Manager for assistance in selecting a new doctor. For any subsequent changes, you must submit an Employee Request to Change Treating Doctor form for approval before changing treating doctors for a valid reason including, but not limited to:

- you believe treatment provided by your current treating doctor is medically inappropriate;
- there is a conflict between you and your current treating doctor to the extent that the doctor-patient relationship is jeopardized or impaired; or
- your current treating doctor chooses to discontinue treatment. Provide documentation from your current treating doctor, if available.

You may **not** request a change of treating doctor to obtain a new impairment rating or to obtain an off work status.

IMPORTANT NOTE: If you fail to obtain Panel approval prior to receiving treatment from the new treating doctor, you may be responsible for the cost of treatment and the insurance carrier may be relieved of responsibility for payment. In order to obtain Panel approval, you must submit an Employee Request to Change Treating Doctor form unless an immediate change of treating doctor is medically necessary. In that case, you may contact your Claims Examiner by telephone to obtain verbal approval.

Where do I submit my Employee Request to Change Treating Doctor form?

You can submit the form and any supporting documentation to the Panel Administrator by:

- fax to (714) 245-4856; or
- mail to TRISTAR Managed Care Attn: HISD Panel Administrator P.O. Box 10220 Santa Ana, CA 92711; or
- email to 504_panel_administrator@tristargroup.net

What does the Panel Administrator do?

Within 30 days of receiving the signed Employee Request to Change Treating Doctor form, the Panel Administrator will review and process the request.

- If the request is approved, the Panel Administrator will issue an approval order and send a copy to the injured employee, injured employee's representative (if any), insurance carrier, prior treating doctor and newly approved treating doctor.
- If the request is denied, the Panel Administrator will issue a denial order and send a copy to the injured employee, injured employee's representative (if any), insurance carrier and requested treating doctor.

NOTE: *If you do not agree with the Panel's decision, you must dispute the decision within 10 days of receiving the order. Contact the Panel Administrator's office at 1-877-287-4782 x.1441 for more information about the dispute process.*