

PETITION FOR CHANGE OF PHYSICIAN
BEFORE THE ARKANSAS WORKERS' COMPENSATION COMMISSION

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Pursuant to Act 1167 of 1999, codified as Ark. Code Ann. § 11-9-514 (1999 Sup.), the following claimant exercises his/her right to change physicians:

INJURED WORKER/CLAIMANT:

NAME: _____

ADDRESS: _____

SSN: _____

TELE: _____

DATE OF INJURY: _____

PART OF BODY INJURED: _____

INJURED WORKER'S REPRESENTATIVE:

NAME: _____

ADDRESS: _____

TELE: _____

UNION: _____

EMPLOYER:

BUSINESS NAME: _____

ADDRESS: _____

TELE: _____

PHYSICIAN REQUESTED:

NAME: _____

ADDRESS: _____

TELE: _____

Mail to: AR Workers' Comp. Commission
P. O. Box 950
Little Rock, AR 72203-0950
Tele: 1-800-622-4472

This form should be treated as the filing of a claim for benefits and/or additional benefits.

Form prepared by Arkansas AFL-CIO opeiu 105, afl-cio