

**STATE OF NEVADA  
DIVISION OF INDUSTRIAL RELATIONS  
Workers' Compensation Section**

**APPLICATION - PANEL OF TREATING PHYSICIANS AND CHIROPRACTORS**

Pursuant to NRS 616C.090 and NAC 616C.003 the Division of Industrial Relations will maintain a Panel of Physicians and Chiropractors to treat the industrially injured. Please complete with all requested information and mail or fax this form to:

Division of Industrial Relations  
Workers' Compensation Section  
Attn: Medical Unit  
3360 West Sahara Avenue, Suite 250  
Las Vegas, NV 89102  
Phone: (702) 486-9080 Fax: (702) 486-8713

PHYSICIAN OR CHIROPRACTOR (PRINT): \_\_\_\_\_  
NAME \_\_\_\_\_ DEGREE \_\_\_\_\_

SPECIALTY (PRINT): \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

PRIMARY BUSINESS ADDRESS (PRINT): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_  
*(Physician/Chiropractor's direct email).*

- YES  \*NO Are you in good standing with your licensing board?
- \*YES  NO Have you ever been sanctioned for fraudulent billing or reporting?
- \*YES  NO Has disciplinary action ever been taken against you by your licensing authority, representatives of Medicare or Medicaid, or a hospital for fraud, abuse or the quality of care provided?
- \*YES  NO Have you ever been sanctioned for unprofessional conduct or discriminatory treatment in the care and treatment of a patient(s)?
- \*YES  NO Have you ever used any treatment which is not sanctioned by your peers or medical authority as being beneficial for the injury or disease involved?
- \*YES  NO Have you ever been convicted in a state or federal court for the commission of a felony?
- \*YES  NO Have you ever been convicted in a state or federal court for the commission of any offense relating to drug abuse, including excessive prescription of drugs?
- \*YES  NO Has the Division of Industrial Relations ever issued a warning to you or imposed an administrative fine on you?
- \*YES  NO Have you ever been suspended or removed from the Division of Industrial Relations= Panel of Treating Physicians and Chiropractors?

\*Please explain answers on the reverse side or separate sheet.

\_\_\_\_\_  
PHYSICIAN OR CHIROPRACTOR SIGNATURE DATE

**PLEASE NOTIFY THIS OFFICE IN WRITING OF ADDRESS CHANGES.**