

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 and mail or fax this form to:

Division of Industrial Relations
Workers' Compensation Section
Attn: Medical Unit
1301 N. Green Valley Parkway, Suite 200
Henderson, NV 89074
Phone: (702) 486-9080 Fax: (702) 990-0363

PHYSICIAN OR CHIROPRACTOR (PRINT): _____
NAME DEGREE

SPECIALTY (PRINT): _____ LICENSE NUMBER: _____

PRIMARY BUSINESS ADDRESS (PRINT): _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

*TO RECEIVE NEWSLETTERS AND OTHER OFFICIAL
INFORMATION, AN E-MAIL ADDRESS MUST BE GIVEN.*

- 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.