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: __________

PRINCIPAL 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.