

## RESPONSE TO PETITION FOR CHANGE OF PHYSICIAN

<b>Employer Name and Address:</b>  <b>Telephone Number:</b>	<b>Surety Name and Address:</b>  <b>Telephone Number:</b>
<b>Employee Name and Address:</b>	<b>Additional Documentation to Support Decision (circle one):</b>  No <input type="checkbox"/> Yes <input type="checkbox"/>

**Response to petition (circle one):**    **Approved**                      **Denied**

**Reasons for Denial:**     Further medical treatment is not reasonable or necessary. \_\_\_\_\_

**Other (Please explain)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hearing Dates/Times Availability Next 14 Days:** \_\_\_\_\_

\_\_\_\_\_

**Date:** \_\_\_\_\_      **Signature:** \_\_\_\_\_

**Typed/Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Original to Idaho Industrial Commission, PO Box 83720, Boise, ID 83720-0041, or faxed to the Commission at 208-332-7558.**

**Copy to Employee.**

**CERTIFICATE OF SERVICE**

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I caused to be served the Original Response to Petition for Change of Physician upon:

Idaho Industrial Commission  
PO Box 83720  
Boise, Idaho 83720-0041

- via:             Personal Service of Process  
                   Regular U. S. Mail  
                   Faxed to 208-332-7558

I also hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I caused to be served a true and correct copy of the foregoing Response to Petition for Change of Physician upon:

**CLAIMANT’S NAME AND ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- via:    Personal Service of Process  
          Regular U. S. Mail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name