

DEPARTMENT OF INDUSTRIAL RELATIONS
INDUSTRIAL MEDICAL COUNCIL
P.O. Box 8888
San Francisco, CA 94128-8888
Tel: (650) 737-2700 or 1-(800) 794-6900 Fax: (650) 737-2711



QME APPOINTMENT NOTIFICATION FORM

To The Qualified Medical Evaluator. You are required by law to give notice on a prescribed form when an appointment has been made with you to perform a QME comprehensive medical evaluation. The Industrial Medical Council (IMC) has prescribed this form for this purpose. Please complete this form in its entirety, noting that **you are legally required to include:** the name and address of the employee, the name of the employer and claims administrator, and the appointment time and date. The IMC also requires that you serve this appointment notification form on the employee and the employer/insurer or if none, the employer, within five (5) days after having scheduled the injured worker to be **seen for a QME comprehensive medical evaluation.**

EMPLOYEE INFORMATION

NAME _____
STREET ADDRESS _____
(City, State, Zip) _____
AREA CODE) PHONE# _____ SOCIAL SECURITY # _____
Social Security Number is for record-keeping purposes only.
DATE OF INJURY _____ PANEL # _____ CLAIM # _____

EMPLOYER INFORMATION

NAME _____
STREET ADDRESS _____
(City, State, Zip) _____
(AREA CODE) PHONE# _____

INSURER or CLAIMS ADMINISTRATOR INFORMATION

NAME _____
COMPANY _____
ADDRESS _____
(AREA CODE) PHONE # _____

DATE OF APPOINTMENT CALL _____ DATE OF APPOINTMENT _____ TIME OF APPOINTMENT _____

LOCATION OF APPOINTMENT _____

CERTIFIED INTERPRETER REQUIRED: (language) _____

- COPY TO: EMPLOYEE
 CLAIMS ADMINISTRATOR (IF NONE, EMPLOYER)

Signature of QME _____ Date _____

Name of QME (print/type) _____

Address/Telephone _____

Note to claims Administrator: The Administrative Director’s regulation 10160 requires you to forward a completed DEU form 101 “Request for Summary Rating,” together with all medical reports and medical records prior to the scheduled examination with the QME. You must also provide the employee with the DEU Form 100, “Employee’s Disability Questionnaire,” prior to the examination.