

Request to Change Treating Physicians

Injured Employee's Name: _____

SS#: _____

Claim #: _____

DOI: ___/___/___

To Whom It May Concern:

___ My treating physician has been unable / unwilling to get my OWCP injury claim approved.

My injury claim has been denied ___ times over the last ___ months / years.

___ My original treating physician is too far for me to drive. ___ Miles from my home

___ My original treating physician does not specialize in OWCP work injuries.

___ I am not getting better under the care of my original treating physician and I want to get back to work full duty.

___ My treating physician no longer treats OWCP work injuries.

___ Other _____

Please allow me the opportunity to get my injury claim approved. I am experiencing the following problems by not having an approved OWCP claim.

___ Loss of Sick / Annual Leave

___ Unable to Return to Work Full Duty

___ Exhausted FMLA Time

___ Harassment by my Supervisor

___ Loss of Income

___ Fear of Federal Disability Retirement

___ Anxiety Over Loss of Employment

___ Cannot Afford Medical Care for my Injury

___ Fear My Condition Will Worsen

___ Other _____

___ Other _____

___ Other _____

Please change my treating physician to:

Doctor's Name _____

Doctor's Specialty _____

Doctor's Business Address _____

Signature

___/___/___
Date