



Workers' Compensation Division

Application for Independent Medical Exam Physician Authorization

Please print

Name: _____
(Last) (First) (M.I.)

Primary physical location: _____

(City) (State) (ZIP)

Mailing address: _____

(City) (State) (ZIP)

Phone: _____
(Work) (Contact number, if different)

Licensing board: _____

Medical license number: _____

Are you certified by any specialty boards? If so, please list:

Are you certified by the American Board of Independent Medical Examiners (ABIME)? If so, provide your certification number: _____

Type of exam you are willing to perform: (See back of form for descriptions.)

- IME WRME Both

Check the geographical areas where you are willing to perform exams: (See back of form for area descriptions.)

- Portland Metro Eugene Metro Mid-Oregon Coast Columbia Gorge Central Oregon
 Salem Metro Northern Oregon Coast Southern Oregon Coast Northeastern Oregon Southern Oregon
 Other: _____

Medical specialty:

- Chiropractic Orthopedic surgery
 General surgery Otolaryngology
 Heart specialist Physiatry
 Internal medicine Physical medicine
 Neurology Plastic surgery
 Neurosurgery Psychiatry
 Occupational medicine Psychology
 Other (specify) _____

Subspecialties (list):

Please provide the following:

- I have attended an approved IME/WRME training.
 I will complete the training at a future date.

Please provide the date and the name of the vendor. We will verify your attendance and process your application.

(Date)

(Vendor name)

By my signature, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I agree to abide by the standards of professional conduct for IMEs/WRMEs adopted by my licensing board or, if my licensing board has not adopted standards, the ABIME guidelines of conduct (see back of form) and all relevant Oregon workers' compensation laws and rules. I will provide independent, objective, and timely medical opinions for all exams I conduct. I understand approval of my application places me on the list of providers authorized to perform IMEs/WRMEs. I also understand that approval of my application does not guarantee me any work.

Signature: _____

Date: _____

For assistance with this form, please contact the IME coordinator at (503) 947-7583.

Send this completed form to: Workers' Compensation Division
Compliance Section
Attn: IME coordinator
P.O. Box 14480
Salem, OR 97309-0405

Keep a copy of this form for your records.

Independent medical examination (IME):

A medical examination of an injured worker by a physician other than the worker's attending physician at the request of an insurer. The insurer or self-insured employer pays for this examination.

Worker-requested medical exam (WRME):

An examination available at the worker's request when the insurer has denied the worker's claim for compensability based upon an IME and when certain criteria are met. The insurer or self-insured employer pays for this examination.

Geographic areas

Portland Metro includes:

Portland, Beaverton, Clackamas, Gladstone, Gresham, Hillsboro, Lake Oswego, Milwaukie, Oregon City, Scappoose, St. Helens, Tigard, Troutdale, Tualatin, West Linn

Salem Metro includes:

Salem/Keizer, Albany, Corvallis, Dallas, McMinnville, Monmouth/Independence, Stayton, Sublimity, Willamina, Woodburn

Eugene Metro includes:

Eugene, Cottage Grove, Roseburg, Springfield

Northern Oregon Coast includes:

Astoria, Nehalem, Tillamook, Warrenton

Mid-Oregon Coast includes:

Lincoln City, Newport, Toledo

Southern Oregon Coast includes:

Bandon, Brookings, Coos Bay/North Bend, Coquille, Florence, Gold Beach, Port Orford, Reedsport

Columbia Gorge includes:

Boardman, Cascade Locks, Hood River, The Dalles

Northeastern Oregon includes:

Baker City, Hermiston, LaGrande, Milton-Freewater, Ontario, Pendleton, Umatilla, Vale

Central Oregon includes:

Bend, Madras, Prineville, Redmond, Sisters

Southern Oregon includes:

Ashland, Central Point, Grants Pass, Klamath Falls, Medford

Other includes:

Any location not described above

Guidelines of conduct

The standards of professional conduct for performing IMEs adopted by the relevant health professional regulatory board, if any, apply. If the health professional regulatory board does not adopt standards, the legislature chose to apply the ABIME guidelines. For more information about ABIME, go to www.abime.org.

Each physician certified by the American Board of Independent Medical Examiners (ABIME) is expected to comply with these guidelines of conduct.

Accordingly, each physician should:

1. be honest in all communications;
2. respect the rights of the examinee and other participants, and treat these individuals with dignity and respect;
3. at the examination:
 - a. introduce him/herself to the examinee as the examining physician;
 - b. advise the examinee they are seeing him/her for an independent medical examination, and the information provided will be used in assessment and presented in a report;
 - c. provide the examinee with the name of the party requesting the examination;
 - d. advise the examinee that no treating physician-patient relationship will be established;
 - e. explain the examination process;
 - f. provide adequate draping and privacy if the examinee needs to remove clothing for the examination.
 - g. refrain from derogatory comments; and
 - h. close the examination by telling the examinee that the examination is over and ask if there is further information the examinee would like to add;
4. reach conclusions that are based on facts and sound medical knowledge, and for which the independent medical examiner has adequate qualifications to address;
5. be prepared to address conflict in a professional and constructive manner;
6. never accept a fee for services which is dependent upon writing a report favorable to the referral service;
7. and maintain confidentiality consistent with the applicable legal jurisdiction.