**§ 9783.1. DWC Form 9783.1 Notice of Personal Chiropractor or Personal Acupuncturist.**

**NOTICE OF PERSONAL CHIROPRACTOR OR PERSONAL ACUPUNCTURIST**

If your employer or your employer's insurer does not have a Medical Provider Network, you may be able to change your treating physician to your personal chiropractor or acupuncturist following a work-related injury or illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal chiropractor or acupuncturist in writing prior to the injury or illness. Your claims administrator generally has the right to select your treating physician within the first 30 days after your employer knows of your injury or illness. After your claims administrator has initiated your treatment with another doctor during this period, you may then, upon request, have your treatment transferred to your personal chiropractor or acupuncturist.

**NOTE**: If your date of injury is January 1, 2004 or later, a chiropractor cannot be your treating physician after you have received 24 chiropractic visits unless your employer has authorized additional visits in writing. The term “chiropractic visit” means any chiropractic office visit, regardless of whether the services performed involve chiropractic manipulation or are limited to evaluation and management. Once you have received 24 chiropractic visits, if you still require medical treatment, you will have to select a new physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers’ Compensation’s Medical Treatment Utilization Schedule.

You may use this form to notify your employer of your personal chiropractor or Acupuncturist. **Your Chiropractor or Acupuncturist's Information:**

|  |  |
| --- | --- |
| Name of Chiropractor or Acupuncturist: |  |
| Street Address, City, State, Zip Code: |  |
| Telephone Number: |  |
| Employee’s Name (**please print**): |  |
| Employee’s E-mail (**please print**): |  |
| Employee’s Address: |  |

|  |  |
| --- | --- |
| Employee’s Signature: |  |
|  |  |
| Date Signed: |  |

**AVISO DE QUIROPRÁCTICO PERSONAL O ACUPUNTURISTA PERSONAL**

Si su empleador o la compañía de seguros de su empleador no tiene una Red de Proveedores Médicos establecida, posiblemente puede cambiar su médico que lo está atendiendo a su quiropráctico o acupunturista personal después de una lesión o enfermedad de trabajo. Para hacer este cambio, usted debe darle por escrito a su empleador el nombre y la dirección comercial de un quiropráctico o acupunturista personal antes de la lesión o enfermedad. Generalmente, su administrador de reclamos tiene el derecho de elegir al médico que le proporcionará el tratamiento dentro de los primeros 30 días después de que su empleador sepa de su lesión o enfermedad. Después de que su administrador de reclamos ha iniciado su tratamiento con otro médico durante este tiempo, puede entonces usted, bajo petición, transferir su tratamiento a su quiropráctico o acupunturista personal.

Puede utilizar este formulario para notificarle a su empleador de su Quiropráctico o Acupunturista personal.

La ley estatal no permite que un quiropráctico siga como su médico después de 24 visitas.

**Información sobre su Quiropráctico o Acupunturista:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nombre del Quiropráctico o Acupunturista: | |  | | | |
| Dirección, Ciudad, Estado, Código Postal: |  | | | | |
| Número del Teléfono: |  | | | | |
| Nombre del Empleado (**en letras de molde, por favor**): | | | |  | |
| E-mail del Empleado (**en letras de molde, por favor**): | | | | |  |
| Domicilio del Empleado: | | |  | | |

|  |  |
| --- | --- |
| Firma del Empleado: |  |
|  |  |
| Fecha: |  |