

MEDICAL TREATMENT PROVIDER LIST

PLEASE PRINT OR TYPE

Claimant Name _____	Social Security Number _____
Address _____	Date of Injury _____
_____	Employer _____
Telephone Number _____	

Notification to the Workers' Compensation Claimant

Per Utah Administrative Code R612-300-10, an injured worker who files a claim for workers' compensation benefits is required to give the name and address of medical providers who have provided any medical treatment for up to the past 10 years. This is your notice that any and all of the medical records within the custody of the medical provider whom you have listed may be requested by the party named on this form, as authorized by Rule R612-300-10.* The medical provider is required to release the medical records per the rule in order for the insurance carrier, self-insured employer, or the Labor Commission to make a determination in your case.

*You are required to sign the "Authorization to Release Medical Records" Form 308.

Please list all the medical providers for industrial injuries first.

Please list any other medical providers who have treated you for medical problems within the Past _____ years (up to 10 years).

_____	_____
_____	_____
_____ Zip _____	_____ Zip _____
Telephone Number _____	Telephone Number _____
_____	_____
_____	_____
_____ Zip _____	_____ Zip _____
Telephone Number _____	Telephone Number _____
_____	_____
_____	_____
_____ Zip _____	_____ Zip _____
Telephone Number _____	Telephone Number _____
_____	_____
_____	_____
_____ Zip _____	_____ Zip _____
Telephone Number _____	Telephone Number _____

Please attach additional pages, if necessary.

Name of Party Requesting the Medical Records _____
 Address _____
 Telephone Number _____ Fax _____
 Relationship to the Claim _____

*Medical Providers who have treated you related to your reproductive organs or for psychological problems do not have to be listed unless you have made a claim for benefits related to these medical problems.
 Failure to return this form to the requester may result in a delay or denial of your claim.