



Texas Department of Insurance

Division of Workers' Compensation
Records Processing
7551 Metro Center Dr. Ste.100 • MS-603
Austin, TX 78744-1609
(800) 252-7031 (512) 804-4378 fax www.tdi.state.tx.us

Employee please complete:

DWC claim#

Carrier claim#

EMPLOYEE'S REQUEST TO CHANGE TREATING DOCTOR - NON NETWORK (Form DWC-053)

Only the injured employee may use this form to request a change of treating doctor.

I. EMPLOYEE INFORMATION

1. Employee's name (last, first, m.i.)		2. Social Security Number	
3. Mailing address (street or p.o. box, city/town, state, zip code)			
4. Telephone Number ()		5. Date of Injury (mm/dd/yyyy)	

II. EMPLOYER INFORMATION

6. Employer's name		7. Telephone number ()	
8. Mailing address (street or p.o. box, city/town, state, zip code)			

III. INSURANCE CARRIER INFORMATION

9. Insurance carrier's name	
10. Adjustor's name and phone number	

IV. REQUEST CHANGE FROM

V. REQUEST CHANGE TO NEW DOCTOR & DOCTOR SIGNATURE

11. Treating doctor's name (last, first, m.i.) and title		15. Requested doctor's name (last, first, m.i.) and title	
12. Mailing address (street or p.o. box, city/town, state, zip code)		16. Mailing address (street or p.o. box, city/town, state, zip code)	
13. Telephone number ()		17. Telephone number ()	
14. Reason for change (attach additional sheets if necessary)		18. Fax number ()	
		19. New treating doctor's professional license number	
		20. New treating doctor's signature	21. Date

VI. EMPLOYEE'S SIGNATURE TO REQUEST CHANGE OF TREATING DOCTOR & AUTHORIZATION TO RELEASE WORKERS' COMPENSATION-RELATED MEDICAL RECORDS

By signing this form I wish to change my treating doctor and I authorize my current treating doctor named in Section IV to furnish records pertaining to my workers' compensation claim to the requested treating doctor named in Section V of this form.

22. Employee's signature (required)	23. Date
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VII. DIVISION ORDER (for TDI-DWC use only)

<input type="checkbox"/> Request approved. Order for payment: The Texas Department of Insurance, Division of Workers' Compensation hereby orders the insurance carrier to pay for all reasonable and necessary treatment provided by the requested treating doctor in accordance with the Act and rules unless set aside by a subsequent order. The Division hereby orders the current treating doctor to provide a complete copy of all the employee's medical records to the approved requested treating doctor.		Date stamp box
<input type="checkbox"/> Request denied. Reason:		
<input type="checkbox"/> Exception		
Authorized DWC employee's signature	Date	
Title	Phone number ()	

Copy: Employee Attorney Insurance Company Current Doctor Requested Doctor



Employee's Request to Change Treating Doctors – Non-Network (DWC Form-053)

For more information, contact the field office handling your claim at 1-800-252-7031.

Who may use this form to change treating doctors?

Injured employees who are not part of a certified workers' compensation health care network may use this form. Do not use this form if you are receiving treatment through a certified workers' compensation health care network. If you do not know if you are in a network, contact your insurance adjustor. If you are in a network, the network will have its own procedures for changing doctors.

You may request a change of treating doctor for these reasons:

- You have moved (different residence).
- Your doctor is no longer available to treat you (moved, retired, or deceased; please provide documentation from your doctor, if available).
- You are dissatisfied with your initial choice of treating doctor.
- Your treatment by the current doctor is medically inappropriate.
- The professional reputation of the doctor is of concern to you.
- You are not receiving appropriate medical care to reach maximum medical improvement.
- A conflict exists between you and your doctor to the extent that the doctor-patient relationship is jeopardized or impaired.
- The selected doctor chooses not to be responsible for coordinating your health care because the doctor and carrier can not agree on billing issues (please provide documentation from your doctor, if available).

You may NOT:

- Change treating doctors to obtain a new impairment rating or medical report.
- Receive treatment from the new treating doctor before DWC approves your change of treating doctor unless it is an emergency. Failure to obtain DWC approval can result in your being responsible for cost of treatment from the new treating doctor and the insurance carrier being relieved of responsibility for payment.

How do you request a change of treating doctor?

Fill out this form and confirm that the new doctor will treat you (call the office, describe your injury and find out if the doctor is taking new workers' compensation patients) and have the new treating doctor sign the form. Send the signed form and any supporting documentation to the field office handling your claim. You can find contact information for these offices at <http://www.tdi.state.tx.us/wc/dwcccontacts.html> or call 1-800-252-7031.

What does DWC do?

Within 10 days of receiving the signed form, DWC will review the request and approve or deny it.

- If approved, DWC will send a copy to the injured employee, insurance carrier, old treating doctor and requested treating doctor.
- If denied, DWC will send a copy to the injured employee, insurance carrier and requested treating doctor. If you or the insurance carrier do not agree with DWC's decision, contact the local office handling the claim at 800-252-7031 within ten days of receipt.

What do the doctors do?

If your request to change treating doctor is approved, your signature in Section VI authorizes your new treating doctor to obtain your medical records from your current treating doctor to prevent unnecessary duplication of tests and examinations.

NOTE: With few exceptions, you are entitled, on request, to be informed about the information that TDI-DWC collects or maintains about you and your workers' compensation claim. Under §552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under §559.004 of the Texas Government Code you are entitled to have TDI-DWC correct information TDI-DWC creates about you or your workers' compensation claim that is incorrect. For more information, call TDI-DWC's Open Records section at 512-804-4437.