

BEFORE THE INDUSTRIAL COMMISSION OF ARIZONA

Applicant,
VS.
Defendant Employer,
Defendant Insurance Carrier.

ICA Case No:

Carrier Claim No:

Date of Injury:

FINDINGS AND AWARD REGARDING CHANGE OF DOCTORS

FINDINGS

Applicant sustained a compensable injury by accident arising out of and in the course of employment on .

Applicant has been under the care of _____ for **Supportive Medical Maintenance Benefits**.

On _____ a written request was filed with this Commission that the applicant be permitted to change to _____.

AWARD

As authorized by A.R.S. 23-1071 the request for applicant to change to _____ for **Supportive Medical Maintenance Benefits** is approved, effective as of _____.

If you do not agree with this award and wish a hearing, then your written request for hearing must be received in either office of The Industrial Commission of Arizona within TEN (10) DAYS from the date of this award pursuant to A.R.S. 23-941 and 23-947. IF NO SUCH REQUEST FOR HEARING IS RECEIVED WITHIN THAT TEN (10) DAY PERIOD, THIS AWARD IS FINAL.

Dated at Phoenix, Arizona

The Industrial Commission of Arizona

By: _____
Special Assistant

Phoenix Industrial Commission of Arizona
Office: 800 W. Washington
Phoenix, Arizona 85007-2922

Tucson Industrial Commission of Arizona
Office: 2675 E. Broadway
Tucson, Arizona 85716-5342

THE INDUSTRIAL COMMISSION COMPLIES WITH THE *AMERICANS WITH DISABILITIES ACT OF 1990*. IF YOU NEED THIS DOCUMENT IN ALTERNATIVE FORMAT CONTACT CLAIMS AT

CD_APP_SUPPORT
CAS.DOT 01/12/96