



Oregon

Theodore R. Kulongoski, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE, Room 27
PO Box 14480
Salem, OR 97309-0405
1-800-452-0288, (503) 947-7810
TTY (503) 947-7993
www.wcd.oregon.gov

BULLETIN NO. 251 (Revised)
Jan. 22, 2008

TO: All interested parties
SUBJECT: Form and format for worker's request for director approval to change attending physician or authorized nurse practitioner

This bulletin provides a revised Form 440-2332, "Workers' Request to Change Attending Physician or Authorized Nurse Practitioner." The bulletin and the attached form have been republished to provide the following changes:

- **Address recent changes in legislation**
- **Remove the request for worker's Social Security number**
- **Update contact information**

Insurers are required to provide workers with a copy of this form to use to request the director's approval to change attending physicians or authorized nurse practitioners in accordance with ORS 656.245(2) and OAR 436-010-0220. This bulletin replaces Bulletin 251 issued Jan. 14, 2004.

You may duplicate Form 2332, or download a copy of the Microsoft Word 2000[®] (automated) form from the Workers' Compensation Division's Web site:
www.wcd.oregon.gov/policy/bulletins/formsbyno.html

If you have questions about this bulletin or Form 2332, contact the Medical Section, Resolution Team at (503) 947-7816 (select option 2) [**new number: 503-947-7606**], e-mail wcd.medicalquestions@state.or.us, or visit our Web site: www.wcd.oregon.gov.

/s/ John L. Shilts

John L. Shilts, Administrator
Workers' Compensation Division

Distribution: WCD-ID, S0, S4, S7, LY

Attachment Form 440-2332, "Workers' Request to Change Attending Physician or Authorized Nurse Practitioner"