

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
DIVISION OF WORKERS' COMPENSATION

**Division IME Physician Summary Disclosure Form  
(Insurer or Self-Insured Employer)**

Physician name: \_\_\_\_\_

Physician address: \_\_\_\_\_

**Instructions:**

Pursuant to C.R.S. 8-42-107.2(3.5)(a) and Workers' Compensation Rule of Procedure 11-3, upon request of a party a physician on the Division IME panel shall provide a list of business, financial, employment, or advisory relationship between the listed physician and the insurer or self-insured employer involved in a case. This disclosure shall be provided to the Division IME Unit within 7 business days of the notice of such request. Alternatively, a completed form may be pre-submitted to the Division IME Unit. If such form is pre-submitted, the information in this form must be updated within 30 days of a material change in a relationship or once per year. Additional pages may be used if necessary.

- I. Summarize any business, financial, employment or advisory relationships you or your affiliated entities have with insurers or self-insured employers, or alternatively supply summary information on any business, financial, employment or advisory relationship you may have with the insurer/self-insured employer in an identified workers' compensation case.**

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_