

**FORM ME-03**

**REQUEST FOR SECONDARY MEDICAL OPINION ON DISABILITY**

Instructions: In pursuant to A.S.C.A. §32.0619(e), an injured employee may upon application furnish and submit a secondary medical examination on permanent impairment with another qualified physician or doctor if the first evaluation failed to impartially estimate the degree of the employee's permanent disability or the extent of temporary disability.

To request a secondary medical opinion, the employee must complete and file this form with the Commission (or with the Carrier) within 10-days after receiving his or her first impairment disability evaluation on the injury. The employee is given 30-days from the date of filing to furnish and provide a second evaluation to the Commission.

- If a second evaluation finds the estimate of such physician has not been impartial, the Commissioner shall charge the cost of such examination to the employer or insurance carrier; otherwise, the injured employee shall bear the full cost of such exam if the physician's estimate is deemed impartial.

1. Name of Employee (First, Middle, Last):		2. Name of Employer:		3. Name of Carrier:	
4. Date of first Impairment Evaluation:		5. Name of qualified doctor conducted first evaluation:		6. Physician's Specialization:	
7. Indicate Reason(s) for a Secondary Medical Opinion:					
<input type="checkbox"/> Impairment percentage rating issued does not estimate the full degree of injury					
<input type="checkbox"/> Medical examination and evaluation on the impairment was bias					
<input type="checkbox"/> Physician conducting examination and evaluation was unqualified					
<input type="checkbox"/> Physician was not using AMA Guidelines for permanent impairment evaluation					
<input type="checkbox"/> Other reasons – specify below (may attach a separate sheet if prefer):					
8. Authorization:					
_____					
Employee Signature					
_____					
Date Request Made					