



AmTrust North America
An AmTrust Financial Company

Nevada Worker's Compensation Claim Kit



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AmTrust North America
An AmTrust Financial Company

For Nevada Workers Comp Only

Phone: 866-272-9267 Fax: (775) 908-3724
or (877) 669-9140 Email:
Amtrustclaims@QRM-INC.com

If reported by phone, you MUST provide all the data in the C-3 form along with a fax or email address for the insured to obtain the required employer signature.

Properly completed and signed C-3 forms should be submitted per
below Nevada WC Statute 616C.045

1 Except as otherwise provided in [NRS 616B.727](#), within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to [NRS 616C.040](#), an employer shall complete and file with his or her insurer or third-party administrator an employer's report of industrial injury or occupational disease.

2 **The report must:**

- a) **Be filed on a form prescribed by the Administrator; - Form C-3 (Included)**
- b) **Be signed by the employer or the employer's designee;**
- c) **Contain specific answers to all questions required by the regulations of the Administrator; and**
- d) **Be accompanied by a statement of the wages of the employee if the claim for compensation received from the treating physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to [NRS 616C.040](#), indicates that the injured employee is expected to be off work for 5 days or more.**

3 An employer who files the report required by subsection 1 by electronic transmission shall, upon request, mail to the insurer or third-party administrator the form that contains the original signature of the employer or the employer's designee. The form must be mailed within 7 days after receiving such a request.

4 **The Administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section.**

(Added to NRS by [1993, 661](#); A [1995, 649](#); [1997, 1435](#); [1999, 3146](#); [2003, 2305](#))

Workers' Compensation Claim Reporting Information

24/7 Toll Free Claim Reporting for All States



(888)239-3909



WorkersCompClaimReport@AmTrustgroup.com



www.amtrustfinancial.com

Information Required for All Claims Reported



1. Name of the insured and policy number
2. Name, social security number and contact information of injured worker
3. Date, time and place of accident
4. Description of accident or incident
5. Name, phone, and/or email of person making the report
6. Any information on the injured workers lost time

Early claim reporting is essential to a better claim outcome. Don't delay reporting if you do not have all the details.

How do I help my injured worker find a doctor?



- We offer an online physician search for all states, www.talispoint.com/amtrust/external
- For California, www-lv.talispoint.com/amtrust/campn
- For CO, GA, PA & TN, please refer to the panel provided by AmTrust via mail or email

How does my injured employee receive prescription medications related to the accident/injury?



- Refer to the claims kit for your state at www.talispoint.com/amtrust/external for a First Fill card for your injured employee to use at the pharmacy to cover the cost of approved medication.

Timely Reporting

When a work-related injury occurs, it is important to act immediately. Timely reporting of a new claim helps to provide a smooth and successful claim process for both you and your injured worker.



We're Here To Help

After your claim has been filed, we may be in touch to obtain additional information. Our goal is to offer a smooth and hassle-free experience – from your first contact to the claims conclusion. Feel free to also call us with any questions. We're here to help.



Relax And Stay Positive

You have the assurance of our knowledge, expertise, and understanding of the claim process. We're with you all the way.

877.528.7878 | www.amtrustfinancial.com

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EASY ONLINE CLAIMS REPORTING INSTRUCTIONS

By logging into AmTrust's web portal, policyholders can access a wide variety of account information including the ability to report injuries online. The following instructions will help get you started.

First Time Portal Access:

1. Go to www.amtrustnorthamerica.com
2. In the upper right corner of the home page, click "LOGIN"
3. In the subsequent AmTrust *Online* drop-down box, click the word "**Register**"
4. On the following screen, enter your policy number, zip code and the security code that appears on that screen and click "**Enter**" at the bottom right of the screen
5. Enter your email address, user name and password to complete the registration process
6. After completing the registration process, go back to www.amtrustnorthamerica.com and log in

Reporting of New Injuries:

1. Go to www.amtrustnorthamerica.com
2. Log in to "[AmTrust Online](#)"
3. Click the "**Claims**" icon in the upper middle of your screen to view the screen that lists your policies
4. Click "**View**" next to the policy for which you wish to enter a claim. This brings you to the policy detail screen
5. Click on "**First Reports**" in the upper left corner
6. On the next screen, click "**Add**" to view the "**New First Report of Injury**" screen
7. Click "**Use WebForm.**" This brings you to the screen where you will enter all of the detailed information about the injury/injured worker
8. When finished entering all of the data, click "**Submit**" and this report will channel into our intake center to be set up and assigned to a claims adjuster
9. Return to the "**First Reports**" screen and you will see the claim number for the report entered
10. When finished, click on "**Return to Listing**"

For ID/Password issues or if you receive error messages while using this application, please contact our help desk at help.desk@amtrustgroup.com or call 866.427.6150. Please be sure to specify that you are an AmTrust policyholder and provide your AmTrust Online ID.



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Helpful Hints:


- **“Time Employee Began Work”** and **“Time of Occurrence”** must be entered in military time
- Enter the hours in the first box and the minutes in the second box
- All dates must be entered as two-digit day, two-digit month and four-digit year, i.e.: XX/XX/XXXX
- For PEOs, in the **“Location Address”** box, please include the PEO client name and address of the applicable PEO client location. If there is a location code/number, specify in the **“Location #”** box
- If during the entry of a claim you must exit the application, first click on **“Save as Draft”** and you may return to it later by going back into the **“First Reports”** screen and clicking on **“InProgress”**

For ID/Password issues or if you receive error messages while using this application, please contact our help desk at help.desk@amtrustgroup.com or call 866.427.6150. Please be sure to specify that you are an AmTrust policyholder and provide your AmTrust Online ID.

Thank you for your attention to this matter.

Sincerely,

AmTrust North
America Claims
Department

TO AVOID PENALTY, THIS REPORT MUST BE COMPLETED AND MAILED TO THE INSURER WITHIN 6 WORKING DAYS OF RECEIPT OF THE C-4 FORM			Please Type or Print		EMPLOYER'S REPORT OF INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE					
EMPLOYER	Employer's Name			Nature of Business (mfg., etc.)		FEIN	OSHA Log #			
	Office Mail Address			Location . . . If different from mailing address			Telephone			
	City State Zip			INSURER			THIRD-PARTY ADMINISTRATOR			
EMPLOYEE	First Name M.I. Last Name		Social Security		Birthdate	Age	Primary Language Spoken			
	Home Address (Number and Street)			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
	City State Zip			Was the employee paid for the day of injury? (If applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No			How long has this person been employed by you in Nevada?			
	In which state was employee hired?		Employee's occupation (job title) when hired or disabled			Department in which regularly employed:				
	Telephone	Is the injured employee a corporate officer? . . . sole proprietor? . . . partner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No				Was employee in your employ when injured or disabled by occupational disease (O/D)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
ACCIDENT OR DISEASE	Date of Injury (if applicable)	Time of injury (Hours; Minute AM/PM) (if applicable)		Date employer notified of injury or O/D		Supervisor to whom injury or O/D reported				
	Address or location of accident (Also provide city, county, state) (if applicable)					Accident on employer's premises? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No				
	What was this employee doing when the accident occurred (loading truck, walking down stairs, etc.)? (if applicable)									
	How did this injury or occupational disease occur? Include time employee began work. Be specific and answer in detail. Use additional sheet if necessary.									
INJURY OR DISEASE	Specify machine, tool, substance, or object most closely connected with the accident (if applicable)				Witness		Was there more than one person injured in this accident? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Part of body injured or affected		If fatal, give date of death		Witness					
	Nature of Injury or Occupational Disease (scratch, cut, bruise, strain, etc.)				Witness					
	If validity of claim is doubted, state reason				Did employee return to next scheduled shift after accident? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you have light duty work available if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Treating physician/chiropractor name				Location of Initial Treatment		Emergency Room <input type="checkbox"/> Yes <input type="checkbox"/> No	Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No		
	IMPORTANT	How many days per week does employee work?		From <input type="checkbox"/> am <input type="checkbox"/> pm To <input type="checkbox"/> am <input type="checkbox"/> pm		Last day wages were earned				
Scheduled days off	S <input type="checkbox"/>	M <input type="checkbox"/>	T <input type="checkbox"/>	W <input type="checkbox"/>	T <input type="checkbox"/>	F <input type="checkbox"/>	S <input type="checkbox"/>	Rotating <input type="checkbox"/>	Are you paying injured or disabled employee's wages during disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IMPORTANT LOST TIME INFO	Date employee was hired		Last day of work after injury or disability			Date of return to work		Number of work days lost		
	Was the employee hired to work 40 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No			If not, for how many hours a week was the employee hired?			Did the employee receive unemployment compensation any time during the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know			
	For the purpose of calculation of the average monthly wage, indicate the employee's gross earnings by pay period for 12 weeks prior to the date of injury or disability. If the injured employee is expected to be off work 5 days or more, attach wage verification form (D-8). Gross earnings will include overtime, bonuses, and other remuneration, but will not include reimbursement for expenses. If the employee was employed by you for less than 12 weeks, provide gross earnings from the date of hire to the date of injury or disability.									
	Pay period <input type="checkbox"/> SUN <input type="checkbox"/> TUE <input type="checkbox"/> THUR <input type="checkbox"/> SAT ends on: <input type="checkbox"/> MON <input type="checkbox"/> WED <input type="checkbox"/> FRI			Employee is paid: <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> OTHER <input type="checkbox"/> BI-WKLY <input type="checkbox"/> SEMI-MONTHLY			On the date of injury or disability the employee's wage was: \$ _____ per <input type="checkbox"/> Hr <input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mo			
For assistance with Workers' Compensation Issues you may contact the State of Nevada Office for Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: http://dhhs.nv.gov/Programs/CHA/ E-mail: cha@govcha.nv.gov										
	I affirm that the information provided above regarding the accident and injury or occupational disease is correct to the best of my knowledge. I further affirm the wage information provided is true and correct as taken from the payroll records of the employee in question. I also understand that providing false information is a violation of Nevada law.					Employer's Signature and Title		Date		
Insurer Use Only	Claim is: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> Deferred <input type="checkbox"/> 3 rd Party			Deemed Wage		Account No.		Class Code		
	Claims Examiner's Signature			Date		Status Clerk		Date		



Optum
 PO Box 152539
 Tampa, FL 33684-2539

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Optum has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

Injured Employee:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you.



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.

Questions? Need Help?



1-866-599-5426

WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

CARRIER/TPA	EMPLOYER
INJURED WORKER NAME	
Please provide directly to Pharmacist	
SOCIAL SECURITY NUMBER	DATE OF INJURY (YYMMDD)

Notice to Cardholder: Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk

1-800-964-2531

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #
GROUP	FF		

NOTE: This First Fill card is only valid for your workers' compensation injury or illness.



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.

HACEMOS MÁS SENCILLO...

EL ABASTECIMIENTO DE LAS RECETAS MÉDICAS DEL PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES.

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o su asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

Empleado lesionado:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. El farmacéutico abastecerá su receta médica bajo costo o sin costo alguno.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.




La mayoría de farmacias, incluyendo Walgreens, nuestro proveedor preferido, y todas las grandes cadenas de farmacias, forman parte de la red. Para encontrar una farmacia de la red, llame al 1-866-599-5426 o visite tmesys.com.

¿Tiene alguna pregunta?
¿Necesita ayuda?



1-866-599-5426



WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

PORTADORA _____ EMPLEADOR _____

NOMBRE DEL TRABAJADOR LESIONADO _____

Please provide directly to Pharmacist

NUMERO DE SEGURO SOCIAL _____ FECHA DE ALA LESION (AAMMDD) _____

Aviso para el titular de la tarjeta: Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite tmesys.com.

Attention Pharmacists: Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789.

Tmesys is the designated PBM for this patient.

Tmesys Pharmacy Help Desk
1-800-964-2531

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261		002538
RxPCN	CAL		Envoy Acct. #
GROUP	FF		

NOTA: Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.



Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información antes indicada y entregue este formulario al empleado.

RETURN-TO-WORK; A GREAT IDEA

We at the AmTrust Group, are convinced that an employer who provides light, or restricted work for injured employees, enjoys numerous benefits. This is not just an opinion, it's something we see day in and day out. Consider:

- Unless an injured worker returns to the workplace within 60 days, chances of him/her ever returning drop dramatically. (resulting in a very expensive permanent disability situation.)
- After 6 months away from the workplace, only 50% chance of return.
- After 12 months, only a 10% chance of return.

Some Return-to Work Benefits Include:

- "Test" of malingering potential. Injured employees who refuse light duty are more prone to being malingerers.
- Opportunity for employer to demonstrate true concern for workers' well-being.
- Promotion of rehabilitation and recovery.
- Lower medical and rehabilitation costs.
- Productivity.
- Morale improvement for the injured worker.
- Ability for the employer to monitor the injured employee's recovery progress.
- Decrease of WC claims costs, with resultant downstream WC premium savings.

(Notice we're not just talking about 'feel-good' issues, but also hard dollars !)

Some common misconceptions (and truths) about Return-to-Work / Light Duty:

Misconception: *We've already got too many "programs" around here, and don't need any more paper.*

Truth: While it is true a written, planned program works best, in many cases a Light Duty "program" can be nothing more than a management understanding of the benefits and principles of Return-to-Work, how it works, and the commitment to 'just do it', when light-duty recommendations are made by WC physicians.

Misconception: *It will get me into an Americans With Disabilities (ADA) "situation".*

Truth: Light-duty and ADA "reasonable accommodation" are two entirely separate issues. Generally, light duty is a temporary assignment, for a relatively short period. ADA accommodations are made for serious, permanent disabilities that impair major life activities.

Misconception: *I'll have to devise a whole new job each time an employee needs light duty.*

Truth: The vast majority of light-duty restrictions require accommodating only one or two factors, such as "no lifting over 10 pounds", or the like. In many cases, if you break the jobs down into individual **tasks**, you'll see that only one or two tasks within the employee's normal job are affected, and can be handled in some other way.

Misconception: *Once an employee gets into a "cushy" light-duty job, s/he'll never leave it, and I'll be stuck with it.*

Truth: Light duty is always defined by, and monitored by the attending physician. An employee on light duty is periodically monitored by the physician for improvement, and is released for full-duty as soon as medically indicated.

Misconception: *We're a union company. Our union won't allow us to pay lower rates, or move employees between classifications, or between bargaining groups.*

Truth: Any Local that objects to a Return-to-Work program should be referred to its national body for guidance. Return to Work is universally recognized as a very positive influence on an injured worker (as well as benefiting the employer). Labor unions, whose major purpose for existence is the benefit of the workers they represent, should not only "tolerate" Return-to-Work programs, but enthusiastically promote, and assist in such programs' implementation and operation. It is strongly suggested that management approach labor representatives to solicit their input, and assistance in making Return to Work a positive force in your workplace.

Misconception: *I might be willing to place a worker in a light-duty position, but I can't afford pay them their full pay, for the decreased productivity.*

Truth: Talk to your WC insurer's claims professional. In many cases, states' WC plans provide for "make-up" pay to replace some, or all of the injured employees' decreased earnings. The goal of getting them back to the workplace, and doing some productive work is that important!



Workers' Compensation

EMPLOYERS FREQUENTLY ASKED QUESTIONS

What is workers' compensation?

Workers' compensation is a no-fault insurance program in the State of Nevada, which provides benefits to employees who are injured on the job and protection to employers who have provided coverage at the time of injury.

Which employers are required to provide workers' compensation insurance?

Unless excluded by statute, it is mandatory for an employer who has one or more employees to provide workers' compensation insurance coverage. Some employees are excluded by [NRS 616A.110](#) due to unique criteria.

Is there a waiting period for workers' compensation coverage?

No. From the moment they are hired, employees are covered by the applicable statutes and regulations of Nevada Revised Statutes and Nevada Administrative Code 616 and 617 and must be insured by their employers.

Do employees who are family members have to be insured?

The short answer is yes. A short recap of information found in the [Nevada Employer's Guide to Workers' Compensation](#) provides the answer: <http://dir.nv.gov/WCS/Employers/>

Does an out-of-state company have to provide Nevada workers' compensation insurance?

It depends on many conditions. [NRS 616B.600](#) describes in detail the exemptions and requirements of out-of-state employers with workers in Nevada.

Are sole proprietors required to have workers' compensation insurance?

Although a sole proprietor having no employees is not required to maintain workers' compensation insurance on himself/herself, the sole proprietor may elect to secure coverage for himself/herself. However, if there are any employees working for the sole proprietor, then the sole proprietor must maintain workers' compensation insurance on them. In addition, sole proprietors who are contractors as defined in [NRS 624.020](#), operating within the scope of their license, must secure coverage.

What type of workers' compensation benefits are employees entitled to?

These benefits may include (among others):

- Medical treatment
- Lost time compensation (Temporary Total Disability/Temporary Partial Disability)
- Permanent Partial Disability (PPD)
- Permanent Total Disability (PTD)
- Vocational Rehabilitation
- Dependent's benefits in the event of death
- Other claims-related benefits or expenses (e.g., mileage)

What can happen to an employer who fails to obtain or maintain workers' compensation insurance?

- An administrative fine up to \$15,000
- Appropriate premium penalties (forced to pay missed premium payments)
- Ordered to close business until insurance has been obtained
- Held financially responsible for all costs arising from a work-related injury
- In addition, may be subject to a criminal penalty for claims resulting in substantial bodily harm or death ([NRS 616D.200](#) & [NAC 616D.345](#)).

How do I report workers' comp fraud?

The Attorney General's Workers' Compensation Fraud Unit investigates allegations related to claimant, employer, and provider fraud on behalf of the state and self-insured employers. This unit is also generally responsible for the investigation of any fraud related to the administration of workers' compensation. Report suspected fraud to the AG Fraud Hotline: 1-800-266-8688. More information for detecting possible fraud is available on their website at: http://ag.nv.gov/About/Criminal_Justice/Workers_comp/

How do I verify an employer's worker's comp coverage?

DIR/WCS's [Coverage Verification Service \(CVS\)](#) can help users verify workers' compensation coverage of employers who have policies with private carriers. CVS searches can indicate policy coverage status on current and past dates. <http://dir.nv.gov/WCS/Home/>

Note: CVS will not display self-insured employers. A listing of self-insured employers is available on the Division of Insurance website: <http://www.doi.state.nv.us/>

Do I have the right to reopen my claim in the future?

[NRS 616C.390](#) details the requirements, procedure and limitations of claim reopening. Also, the Nevada Attorney for Injured Workers has compiled helpful suggestions for claim reopening. <http://naiw.nv.gov/>

Must an injured worker accept the offer of a light duty job?

An injured worker who rejects a light duty offer made in accordance with [NRS 616C.475](#) and [NAC 616C.583](#) risks the discontinuation of temporary total disability compensation.

How is an injured employee's average monthly wage determined?

[NACs 616C.420 – 616C.447](#), inclusive, provides details on all aspects of average monthly wage definition and calculation.

Are illegal immigrant workers covered under Nevada's workers' comp statutes?

Yes. According to [NRS 616A.105](#), "employee and workman are used interchangeably ... and mean every person in service of an employer ... whether lawfully or unlawfully employed" including "aliens." However, illegal aliens are not eligible for vocational rehabilitation.

What will happen to an employer who fails to obtain or maintain workers' compensation insurance?

The Division of Industrial Relations, Workers' Compensation Section (WCS) is responsible for ensuring that all employers are in compliance with the law. Employers who do not provide workers' compensation will be charged with an administrative fine up to \$15,000; appropriate premium penalties; may be ordered to close business until insurance has been obtained; and will be held financially responsible for all costs arising from a work-related injury. In addition, the uninsured employer may be subject to a criminal penalty for claims resulting in substantial bodily harm or death. ([NRS 616D.200 & NAC 616D.345](#))

What protection is provided for the employer?

Because Nevada has "exclusive remedy," the injured workers' benefits are set forth in the statutes. Employers who provide coverage for their employees at the time of injury are protected from any additional damages claimed by their employees as a result of an injury on the job. This protection is established when the injured employee opts to receive workers' compensation benefits.

How do the Subsequent Injury Accounts benefit employers?

The Subsequent Injury Accounts encourage employers to hire workers with a permanent physical impairment. The costs of any qualified subsequent injury are paid from the appropriate subsequent injury account. ([NRS 616B.545 – 590](#)) Contact Jacque Everhart at (702) 486-9089 or everhart@business.nv.gov for more information.

What do I do if I get hurt on the job?

Tell your supervisor. Fill out the paperwork your employer provides (Form C-1/Notice of Injury or Occupational Disease (Incident Report)). Get medical care if you need it and fill out that paperwork, as well (Form C-4/Employee's Claim for Compensation/Report of Initial Treatment).

Will I be allowed to go to any doctor, chiropractor or therapist that I choose?

No, you must go to an authorized medical provider who is a member of the [Panel of Treating Physicians and Chiropractors](#). Insurers may use a managed care organization (MCO), preferred provider organization (PPO), health maintenance organization (HMO) or the insurance company's internal managed care unit. **In the event of a serious injury, go to your nearest emergency room and follow staff directions.**

What should I do if my question isn't listed here?

Use the following link to email your questions to WCS: WCSHelp@business.nv.gov

Where can I obtain more information on workers' compensation?

Website Address: <http://dir.nv.gov/WCS/home/>

Division of Industrial Relations/Workers' Compensation Section
3360 W. Sahara Ave., Suite 250
Las Vegas, Nevada 89102
Telephone # (702) 486-9080

ATTENTION

Caution: The information below is general in nature and is not intended to be legal advice. If you have any questions regarding your status as an employer or employee or your rights and qualification for specific benefits under an industrial injury or occupational disease claim, you should consult with an attorney experienced in industrial insurance.

Brief Description of Whether the Employer is Required to Obtain Industrial Insurance and Whether a Person is a Covered Employee

Every employer ... shall provide and secure compensation ... for any personal injuries by accident sustained by an employee arising out of and in the course of the employment. See NRS 616B.612(1).

An **employer** is defined as, "Every person, firm, voluntary association and private corporation, including any public service corporation, which has in service any person under a contract of hire." See NRS 616A.230(2). "A person is not an employer if: (a) The person enters into a contract with another person or business which is an independent enterprise; and (b) The person is not in the same trade, business, profession or occupation as the independent enterprise." See NRS 616B.603(1).

An **employee** is broadly defined as, "... every person in the service of an employer under any appointment or contract of hire or apprenticeship, express or implied, oral or written, whether lawfully or unlawfully employed" (See NRS 616A.105), but excludes casual employees not in the same trade, business, profession or occupation; persons engaged as a theatrical or stage performer or in an exhibition; musicians not lasting more than 2 consecutive days; household servants, farming and ranching employees; voluntary ski patrol; sports officials paid a nominal fee; clergy, rabbi or lay readers; real estate brokers or sales persons; and commissioned sales persons (See NRS 616A.110).

An **independent contractor** is a person who is hired and paid solely to produce a result. It is defined as, "... any person who renders service for a specified recompense for a specified result, under the control of the person's principal as to the result of the person's work only and not as to the means by which such result is accomplished." See NRS 616A.255.

Brief Description of Your Rights and Benefits If You Are Injured on the Job or have an Occupational Disease

Notice of Injury or Occupational Disease (Incident Report Form C-1) If an injury or occupational disease (OD) arises out of and in the course of employment, you must provide written notice to your employer as soon as practicable, but no later than 7 days after the accident or OD. Your employer shall maintain a sufficient supply of the forms.

Employee's Claim for Compensation/Report of Initial Treatment (Form C-4): If medical treatment is sought, the Form C-4 is available at the place of initial treatment. A completed Form C-4 must be filed within 90 days after an accident or OD. The treating physician, chiropractic physician, physician assistant or advanced practice nurse must, within 3 working days after treatment, complete and mail to the employer, the employer's insurer and third-party administrator, the Claim for Compensation.

Medical Treatment: If you require medical treatment for your on-the-job injury or OD, you may be required to select a physician or chiropractic physician from a list provided by your workers' compensation insurer, if it has contracted with an Organization for Managed Care (MCO) or Preferred Provider Organization (PPO) or providers of health care. If your employer has not entered a contract with an MCO or PPO, you may select a physician or chiropractic physician from the Panel of Physicians and Chiropractic Physicians. Any **medical costs** related to your industrial injury or OD will be paid by your insurer.

Temporary Total Disability (TTD): If your doctor has certified that you are unable to work for a period of at least 5 consecutive days, or 5 cumulative days in a 20-day period, or places restrictions on you that your employer does not accommodate, you may be entitled to TTD compensation.

Temporary Partial Disability (TPD): If the wage you receive upon reemployment is less than the compensation for TTD to which you are entitled, the insurer may be required to pay you TPD compensation to make up the difference. TPD can only be paid for a maximum of 24 months.

Permanent Partial Disability (PPD): When your medical condition is stable and there is an indication of a PPD as a result of your injury or OD, within 30 days, your insurer must arrange for an evaluation by a rating physician or chiropractic physician to determine the degree of your PPD. The amount of your PPD award depends on the date of injury, the results of the PPD evaluation, your age and wage.

Permanent Total Disability (PTD): If you are medically certified by a treating physician or chiropractic physician as permanently and totally disabled and have been granted a PTD status by your insurer, you are entitled to receive monthly benefits not to exceed 66 2/3% of your average monthly wage. The amount of your PTD payments is subject to reduction if you previously received a lump-sum PPD award.

Vocational Rehabilitation Services: You may be eligible for vocational rehabilitation services if you are unable to return to the job due to a permanent physical impairment or permanent restrictions as a result of your injury or occupational disease.

Transportation and Per Diem Reimbursement: You may be eligible for travel expenses and per diem associated with medical treatment.

Reopening: You may be able to reopen your claim if your condition worsens after claim closure.

Appeal Process: If you disagree with a written determination issued by the insurer or the insurer does not respond to your request, you may appeal to the **Department of Administration, Hearing Officer**, by following the instructions contained in your determination letter. You must appeal the determination within 70 days from the date of the determination letter at 1050 E. William Street, Suite 400, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 210, Las Vegas, Nevada 89102. If you disagree with the Hearing Officer decision, you may appeal to the **Department of Administration, Appeals Officer**. You must file your appeal within 30 days from the date of the Hearing Officer decision letter at 1050 E. William Street, Suite 450, Carson City, Nevada 89701, or 2200 S. Rancho Drive, Suite 220, Las Vegas, Nevada 89102. If you disagree with a decision of an Appeals Officer, you may file a **petition for judicial review with the District Court**. You must do so within 30 days of the Appeals Officer's decision. You may be represented by an attorney at your own expense, or you may contact the NAIW for possible representation.

Nevada Attorney for Injured Workers (NAIW): If you disagree with a Hearing Officer decision, you may request that NAIW represent you without charge at an Appeals Officer hearing. NAIW is an independent state agency and is not affiliated with any insurer. For information regarding denial of benefits, you may contact the NAIW at: 1000 E. William Street, Suite 208, Carson City, NV 89701, (775) 684-7555, or 2200 S. Rancho Drive, Suite 230, Las Vegas, NV 89102, (702) 486-2830.

To File a Complaint with the Division: If you wish to file a complaint with the Administrator of the Division of Industrial Relations (DIR), please contact Workers' Compensation Section, 1886 East College Pkwy. Ste. 100, Carson City, NV 89706, telephone (775) 684-7270, or 3360 W. Sahara Ave., Suite 250, Las Vegas, NV 89102, telephone (702) 486-9080.

For Assistance with Workers' Compensation Issues: You may contact the State of Nevada Office for Consumer Health Assistance, 7150 Pollock Drive, Las Vegas, NV 89119, Toll Free 1-888-333-1597, Website: [https://adsd.nv.gov/Programs/CHA/Office_for_Consumer_Health_Assistance_\(OCHA\)/](https://adsd.nv.gov/Programs/CHA/Office_for_Consumer_Health_Assistance_(OCHA)/), E-mail cha@govcha.nv.gov

The information in this publication is derived from Chapters 616A through 616D, inclusive, and 617 of the Nevada Revised Statutes and is provided for informational purposes only. If you have any questions, regarding your injury or workers' compensation claim, please call the following:

Insurer/Administrator: AmTrust North America Contact Person: _____
Address: PO Box 89404 Cleveland, OH 44101 Telephone Number: 888-239-3909
City State Zip
MCO/Health Care Provider: _____ Contact Person: _____
Address: _____ Telephone Number: _____
City State Zip

**BRIEF DESCRIPTION OF RIGHTS AND BENEFITS
(Pursuant to NRS 616C.050)**

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[https://adsd.nv.gov/Programs/CHA/Office_for_Consumer_Health_Assistance_\(OCHA\)/](https://adsd.nv.gov/Programs/CHA/Office_for_Consumer_Health_Assistance_(OCHA)/) E-mail: cha@govcha.nv.gov

OFFER OF TEMPORARY MODIFIED DUTY

Employee :
Date of Injury :

_____ is making a temporary modified duty position available to you since your work-related injury has resulted in temporary physical restrictions which prevent you from doing your regular job. The availability of this position will be reviewed based upon documented changes in your physical capacity as defined by your treating physician and by the needs of the company. Temporary modified duty is for a period not to exceed sixty (60) days. At the expiration of sixty (60) days, the position will be reviewed and a new offer may be presented at that time. This modified duty position will no longer be available once your treating physician releases you full duty or with permanent restrictions.

The position is being made at _____ not to exceed restrictions. The position conforms to the physical restrictions set by your treating physician, _____ with restrictions of _____. Restrictions to be presented to the foreman and Safety after each doctor visit. Offer will be amended per restrictions.

I acknowledge, understand, and/or agree that:

1. I have been released to work within the limitations set by my treating physician.
2. I will receive my regular hourly rate of pay.
3. I will be working **my regular shift beginning, _____ 20_____.**
4. I will receive the same employment benefits as in my pre-injury position.
5. I may address any questions/concerns I may have with _____
6. I am to report to _____ each day.
7. All medical treatment pertaining to my industrial injury shall be scheduled around my daily work schedule.
8. Failure to report for this position will be cause for suspension of my disability benefits.
9. I have received a copy of this document.

NRS 616C.475 (8) provides that if as a result of your industrial injury you have been assigned temporary physical limitations or restrictions, your employer may verbally offer you temporary modified duty. This document confirms the verbal modified duty offer made to you on, 2015.

ACCEPTANCE/DECLINATION

I have read and understand the foregoing and I accept/decline (circle one) the position offered.

Employee

Date

Supervisor

Date

cc: File

"NOTICE OF INJURY OR OCCUPATIONAL DISEASE"

(Incident Report)

Pursuant to NRS 616C.015

Name of Employer _____

Name of Employee		Social Security Number		Telephone Number	
Date of Accident (if applicable)	Time of Accident (if applicable)	Place where accident occurred (if applicable)			
What is the nature of the injury or occupational disease?			List any body parts involved:		
Briefly describe accident or circumstances of occupational disease: (Note: if you are claiming an occupational disease, indicate the date on which employee first became aware of connection between condition and employment)					
Names of witnesses:					
Did the employee leave work because of the injury or occupational disease? _____ YES _____ NO		If yes, when (date and time)?		Has the employee returned to work? _____ YES _____ NO	
Was first aid provided? _____ YES _____ NO		If yes, by whom?		Name and address of treating physician, if applicable or known	
Did the accident happen in the normal course of work? (if applicable)		_____ YES _____ NO			
Was anyone else involved? _____ YES _____ NO		Names of others involved			

MY EMPLOYER/INSURER MAY HAVE MADE ARRANGEMENTS TO DIRECT ME TO A HEALTH CARE PROVIDER FOR MEDICAL TREATMENT OF MY INDUSTRIAL INJURY OR OCCUPATIONAL DISEASE. I HAVE BEEN NOTIFIED OF THESE ARRANGEMENTS.

Supervisor's Signature

Date

Signature of Injured or Disabled Employee

Date

TO FILE A CLAIM FOR COMPENSATION, SEE REVERSE SIDE, SECTION ENTITLED, CLAIM FOR COMPENSATION (FORM C-4).

For assistance with Workers' Compensation Issues you may contact the State of Nevada for Consumer Health Assistance Toll Free: 1-888-333-1597 Web site: <http://dhhs.nv.gov/Programs/CHA> E-mail: cha@govcha.nv.gov

Employee should sign, date and retain a copy.
Original to Employer, Copy to Employee

**EMPLOYER'S WAGE VERIFICATION FORM
(Pursuant to NRS 616C.045(2)(d))**

Please provide the following information for the employee named below by completing this form. The information is needed so that the amount of disability compensation to which your employee is entitled may be calculated. Prompt completion and return of this form will ensure the timely payment of any compensation due this injured worker. Please answer all questions and sign the form where indicated.

EMPLOYER: PLEASE PROVIDE THE FOLLOWING INFORMATION ANSWERING ALL QUESTIONS

Date: _____ Injured Employee's Name (Last/First/M.I.): _____ Social Security # _____
 Claim No.: _____ Date of Injury: _____ Date of Hire: _____
 Was employee hired to work 40 hours per week: Yes No If no, # of hours per week: _____ # of days per week: _____
 On the date of injury, the employee's wage was: \$ _____ per Hour Day Week Month Date the wage became effective: _____
 Was vacation paid during the applicable twelve week period? _____ If so, during what pay period? _____
 Was sick leave paid during the applicable twelve week period? _____ Was the injured employee paid for any holidays during the applicable twelve week period? _____ Did employee receive payment for overtime during the applicable twelve week period? _____ Did employee receive termination pay during the applicable twelve week period? _____
 Provide prior wage if current wage was in effect less than 12 weeks prior to date of injury: \$ _____ per Hour Day Week Month
 During this 12-week period did employee change to a job with different (1) duties, (2) hours of employment, (3) rate of pay? Yes No
 If so, date: _____ Explain: _____
 Does the employee receive commissions? Yes No Period of commission earned _____ to _____.
 Indicate the amount of commission received over the last 6 months, or since date of hire: \$ _____
 Does the employee receive bonuses/incentive pay? Yes No Period of bonuses/incentive pay earned _____ to _____.
 Indicate the amount of bonuses received over last 12 months, or since date of hire: \$ _____
 Are the commission and bonus amounts included in GROSS EARNINGS below? Yes No
 Does the employee declare tips for the purpose of worker's compensation? Yes No **See payroll declaration below. Attach declaration forms.**
 Does the employee receive meals or lodging (excluding reimbursement for travel per diem)? Yes No **(Do not include in gross earnings)**
 How many meals per day? _____ Monetary value of meals \$ _____ per Day Week Month
 Lodging \$ _____ per Day Week Month

TWELVE WEEK VERIFICATION FROM PAYROLL RECORDS. Report GROSS EARNINGS, include overtime payment and any other remuneration (except reimbursement for expenses). (See NAC 616C.423)

Give payroll information from _____ through _____. If employed less than twelve weeks, give gross earnings from date of hire to date of injury.

If absent from work for the following reasons, please specify the date(s) absent and the number code for the reason of absence.							
1. Certified illness or disability; 2. Institutionalized in a hospital, or other institution; 3. Enrolled as full-time student, not employed on days of attendance; 4. In military service other than training duty conducted on weekends; 5. Absent because of officially sanctioned strike; 6. Absence because of leave approved pursuant to Family and Medical Leave Act.							
Payroll Period	Gross Salary	Declared	Payroll Period	Gross Salary	Declared		
Beginning Ending	(Excluding Tips)	Tips	Beginning Ending	(Excluding Tips)	Tips		
Dates of Absence	Reason	Dates of Absence	Reason	Dates of Absence	Reason		
Begin End		Begin End		Begin End			
Pay period ends on (check one) <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday Employee is paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other Employee scheduled day(s) off: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Other Explain "other": _____ Date the employee last worked AFTER injury occurred: _____ Date returned to work: _____							

This information is true and correct as taken from the employee's payroll records.

Print Name: _____ Signature: _____

Date: _____ Employer: _____

Insurer: _____ Third-Party Administrator: _____

Injured Employee: _____
Claim No: _____
Employer: _____

Date: _____
Date of Injury: _____
Insurer: _____

**ELECTION OF LUMP SUM PAYMENT OF COMPENSATION
Pursuant to NRS 616C.495(2) and (3)**

When should this form be completed?

This form allows the injured worker to elect a lump sum payment of the permanent partial disability award. This form should only be completed when permanent partial disability has been determined to be 30 percent or less. This form can be completed at any time after a permanent partial disability award has been determined.

When should this form not be completed?

This form does not need to be completed in cases where NRS 616C.490(11) applies: "In the event of a dispute over an award of compensation for permanent partial disability, an insurer shall commence making installment payments to the injured employee for that portion of the award that is not in dispute..."

INSTALLMENT PAYMENTS

If I receive my compensation on an installment basis pursuant to NRS 616C.490(7), payments will begin on _____ and terminate on _____ and will be paid at the *monthly/annual rate of \$ _____ totaling # _____ of installment payments for a total of \$ _____ in installment payments.

LUMP SUM PAYMENT

If I elect to receive my entitlement on a lump sum basis, I will receive approximately \$ _____, as the insurer is required to calculate the lump sum payment by using the annuity factor pursuant to NRS 616C.495(6) that is in effect on the date I sign this election of lump sum payment of compensation. As provided by NRS 616C.495, if I elect to receive my payment for permanent partial disability in a lump sum, all my benefits for compensation terminate.

My acceptance of the lump sum payment constitutes a final settlement of all factual and legal issues in this case, including but not limited to, unresolved issues that are or could become the subject of pending litigation. By so accepting, I waive all my rights regarding the claim, including the right to appeal from the closure of the case or the percentage of my disability, except:

- (a) My right to:
 - (1) Reopen my claim in accordance with the provisions of NRS 616C.390; or
 - (2) Have my claim considered by the insurer pursuant to NRS 616C.392;
- (b) Any counseling, training, or other rehabilitative services provided by the insurer;
- (c) My right to receive a benefit penalty in accordance with NRS 616D.120; and
- (d) My right to conclude or resolve any contested matter which is pending at the time that I execute this election to receive my payment for a permanent partial disability in a lump sum. The provisions of this paragraph do not apply to:
 - (1) The scope of my claim;
 - (2) Whether I am stable and ratable; and
 - (3) My average monthly wage.

Further, I understand that I have twenty (20) days after this notice has been mailed or personally delivered to me, within which to retract or reaffirm my request for a lump sum before payment may be made and my election becomes final. I also understand that I will not be paid a lump sum until I have reaffirmed this election in writing. I also understand that any lump sum I receive is subject to an offset based on any prior PPD payments I received before electing to accept a lump sum.

Having read and understood the above, I _____, _____,
(Printed Name) (Social Security Number)

hereby elect to receive the above-referenced permanent partial disability compensation on a lump sum basis.

DATE: _____ INJURED EMPLOYEE: _____
(Signature)

DATE: _____ WITNESS: _____

* Insurer: Designate whether monthly or annual rate.

Injured Employee: _____
Claim No: _____
Employer: _____

Date: _____
Date of Injury: _____
Insurer: _____

**ELECTION OF LUMP SUM PAYMENT OF COMPENSATION
FOR DISABILITY GREATER THAN 30%
Pursuant to NRS 616C.495(1)(f), (2) and (3)**

When should this form be completed?

This form allows the injured worker to elect a lump sum payment of the permanent partial disability award. This form should only be completed when permanent partial disability has been determined to be greater than 30 percent. This form can be completed at any time after a permanent partial disability award has been determined.

When should this form not be completed?

This form does not need to be completed in cases where NRS 616C.490(11) applies: "In the event of a dispute over an award of compensation for permanent partial disability, an insurer shall commence making installment payments to the injured employee for that portion of the award that is not in dispute."

INSTALLMENT PAYMENTS

If I receive my compensation on an installment basis, payments will begin on _____ and terminate on _____ and will be paid at the *monthly/annual rate of \$ _____, totaling # _____ of installment payments, for a total of \$ _____ in installment payments.

LUMP SUM PAYMENT

If I elect to receive my entitlement of 30% on a lump sum basis, I will receive approximately \$ ** _____ in a lump sum payment, as the insurer is required to calculate the lump sum payment by using the annuity factor pursuant to NRS 616C.495(6) that is in effect on the date I sign this election of lump sum payment of compensation. According to NRS 616C.495(1)(f), if I elect to receive my payment for permanent partial disability in a lump sum, the balance of _____% will be paid on an installment basis. The installment payments will begin on _____ and terminate on _____ and will be paid at the *monthly/annual rate of \$ _____, in # _____ of installment payments, for a total of \$ _____ in installment payments. The total amount of the lump sum payment and all installment payments shall be \$ _____.

My acceptance of the lump sum payment constitutes a final settlement of all factual and legal issues regarding this claim. By so accepting, I waive all of my rights regarding the claim, including the right to appeal from the closure of the case or the percentage of my disability, except:

(a) My right to:

- (1) Reopen my claim in accordance with the provisions of NRS 616C.390; or
- (2) Have my claim considered by his or her insurer pursuant to NRS 616C.392;

(b) Any counseling, training or other rehabilitative services provided by the insurer;

(c) My right to receive a benefit penalty in accordance with NRS 616D.120; and

(d) My right to conclude or resolve any contested matter which is pending at the time that I execute this election to receive my payment for a permanent partial disability in a lump sum. The provisions of this paragraph (d) do not apply to contested matters regarding:

- (1) The scope of my claim;
- (2) Whether I am stable and ratable; and
- (3) My average monthly wage.

Further, I realize that I have twenty (20) days after the mailing or personal delivery of this notice within which to retract or reaffirm my request for a lump sum before payment may be made and my election becomes final. I also realize that I will not be paid a lump sum until I have reaffirmed this election in writing.

Continued on next page.

Injured Employee: _____

Date: _____

Claim No: _____

Date of Injury: _____

Employer: _____

Insurer: _____

Having read and understood the above, I, _____, _____
(Printed Name) (Social Security Number)

hereby elect to receive my permanent partial disability compensation on a lump sum basis of 30%, plus installment payments on the balance of _____% of my percentage of disability.

DATE: _____

INJURED EMPLOYEE: _____

DATE: _____

WITNESS: _____

* Insurer: Designate whether monthly or annual rate.

** Amount depends on actual effective date (date elected).

D-10b (rev. 10/22)

Request For A Rotating Physician Or Chiropractic Physician

State of Nevada - Department of Business and Industry - Division of Industrial Relations - Workers' Compensation Section
Email Questions and Completed Forms to MedUnit@dir.nv.gov

REQUESTOR INFORMATION

Request Date	Requestor Type	Email	
First Name	Last Name	Phone Number	
Address	City	ST	Zip

CLAIM INFORMATION

Insurer or TPA	Claim Nbr	
Self-Insured Emp	Date of Injury	
Employer		
Employee Name	SSN	Birth Date
Employee City	ST	Zip

REQUEST INFORMATION - If court ordered, decision MUST be attached

Stable and Ratable Date Received

Treating/Evaluating Physician(s)/
Chiropractic Physician(s)

USE MOST SPECIFIC BODY PART CODE POSSIBLE -- LIST ONLY CURRENT BODY PARTS TO BE RATED

Body Part Code

Injury Side

Diagnosis(es)

Comments

COMPLETE FOR PREVIOUS PPD EVALUATIONS ONLY

Prior Rating Physician(s)/Chiropractic
Physician(s)

Prior Treating Physician(s)/Chiropractic
Physician(s)

Reason for Additional PPD Request

COMPLETE FOR MUTUAL AGREEMENT ONLY

PPD Rating Physician/Chiropractic Physician: Last Name	First Name	License
Injured Employee/Representative:	Insurer/TPA Representative:	

THIS SECTION FOR WCS STAFF USE ONLY

Physician/Chiropractic Physician(s) Assigned	Physician/Chiropractic Physician(s) Phone
Assigned by	Date Assigned

**PHYSICIAN'S AND CHIROPRACTIC PHYSICIAN'S
PROGRESS REPORT
CERTIFICATION OF DISABILITY**

Claim Number:
Social Security Number:
Date of Injury:

Patient's Name:

Employer:	Name of MCO (if applicable)
-----------	-----------------------------

Patient's Job Description/Occupation:

Previous Injuries/Diseases/Surgeries Contributing to the Condition:

Diagnosis:

Related to the Industrial Injury? Explain:
--

Objective Medical Findings:

--

<input type="checkbox"/> None - Discharged Stable <input type="checkbox"/> Yes <input type="checkbox"/> No Ratable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Generally Improved <input type="checkbox"/> Condition Worsened <input type="checkbox"/> Condition Same May Have Suffered a Permanent Disability <input type="checkbox"/> Yes <input type="checkbox"/> No

Treatment Plan:

--

--

<input type="checkbox"/> No Change in Therapy <input type="checkbox"/> PT/OT Prescribed <input type="checkbox"/> Medication May be Used While Working

<input type="checkbox"/> Case Management <input type="checkbox"/> PT/OT Discontinued
--

<input type="checkbox"/> Consultation <input type="checkbox"/> Further Diagnostic Studies: <input type="checkbox"/> Prescription(s)	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>						

<input type="checkbox"/> Released to FULL DUTY /No Restrictions on (Date): _____

<input type="checkbox"/> Certified TOTALLY TEMPORARILY DISABLED (Indicate Dates) From: _____ To: _____

<input type="checkbox"/> Released to RESTRICTED /Modified Duty on (Date): From: _____ To: _____
--

Restrictions Are: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
--

<input type="checkbox"/> No Sitting <input type="checkbox"/> No Standing <input type="checkbox"/> No Pulling <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Bending at Waist <input type="checkbox"/> No Stooping <input type="checkbox"/> No Lifting _____ <input type="checkbox"/> No Carrying <input type="checkbox"/> No Walking <input type="checkbox"/> Lifting Restricted to (lbs.): _____ <input type="checkbox"/> No Pushing <input type="checkbox"/> No Climbing <input type="checkbox"/> No Reaching Above Shoulders
--

Date of Next Visit:	Date of this Exam:	Physician/Chiropractic Physician Name:	Physician/Chiropractic Physician Signature:
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State of Nevada
Department of Business & Industry
Division of Industrial Relations
Workers ' Compensation Section

ALTERNATIVE CHOICE OF PHYSICIAN or CHIROPRACTIC
PHYSICIAN ([NRS 616C.090](#))

A list of the Panel of Treating Physicians or Chiropractic Physicians, or those health care providers, with whom your insurer has contracted, can be obtained from your insurer or third-party administrator upon written request. Your insurer or third-party administrator has within **3** working days to provide you the list pursuant to [NAC 616C.030](#).

If within the first 90 days after the date of injury, you are not satisfied with the first treating physician or chiropractic physician and

Your insurer has entered into a contract with a managed care organization or with health care providers, you must select an alternative physician or chiropractic physician according to the terms of the contract. This selection may be made without the prior approval of the insurer. If after choosing your physician or chiropractic physician, you move to a county not serviced by the contracted managed care organization or health care providers and the insurer deems it impractical for you to continue treating with the physician or chiropractic physician, you must choose a treating physician or chiropractic physician who has agreed to the terms of the contract unless the insurer authorizes you to choose another physician or chiropractic physician;

or

Your insurer has not entered into a contract with an organization for managed care, or with health care providers, you may select an alternative physician or chiropractic physician from the Panel of Treating Physicians and Chiropractic Physicians.

NOTICE: Any further changes in your treating physician or chiropractic physician must be in writing and approved by the insurer. If, at any time, you are dissatisfied with a physician or chiropractic physician selected by yourself, the insurer, managed care organization, or health care provider, a change may be made by submitting a written request to the insurer indicating the name of the alternate physician or chiropractic physician. The insurer shall approve or deny this request within ten (10) days after receipt of the written request, or it shall be deemed approved. You will receive written notification if the insurer denies this request which will include the reason for the denial and appeal rights.

PROVIDER LIST

City	Name	Address	Zip	Phone
OCCUPATIONAL/GENERAL MEDICINE				
Carson City	Concentra Medical Centers	3488 Goni Rd. Bldg E	89706	775-887-5030
Dayton	MedDirect Urgent Care	901 Medical Center Dr.	89403	775-246-9001
Elko	Almaguer, Rick, MD	1784 Browning Way #A	89801	775-778-3774
Elko	Elko Clinic/Nevada Health Ctrs	762 14th St.	89801	775-738-5850
Elko	The Elko Clinic	1995 Errecart Blvd. #102	89801	775-738-3111
Eureka	Eureka Medical Clinic	250 S. Main St.	89316	775-237-5313
Fernley	Fernley Urgent Care	1343 W. Newlands Dr.	89408	775-575-3600
Gardnerville	Carson Valley Occu Health	1107 Hwy 395	89410	775-782-1615
Gerlach	Gerlach Medical Clinic	350 Short Street	89412	775-557-2313
Henderson	Concentra Medical Centers	149 N. Gibson Ave. #13	89074	702-558-6275
Henderson	Healthcare Partners	595 W. Lake Mead Pkwy.	89015	702-566-5500
Henderson	Legacy Urgent Care	105 N. Pecos Rd #111	89074	702-263-4555
Las Vegas	Concentra Medical Centers	3900 Paradise Rd.#V	89169	702-369-0560
Las Vegas	Concentra Medical Centers	5850 S. Polaris Ave. #100	89118	702-739-9957
Las Vegas	Harmon Medical Ctr	150 E. Harmon Ave.	89109	702-796-1116
Las Vegas	Healthcare Partners	4880 S. Wynn Rd.	89103	702-871-5005
Las Vegas	Healthcare Partners	9499 W. Charleston Blvd. #150	89117	702-228-5477
Las Vegas	Radar Medical Group	2628 W Charleston Blvd	89102	702-644-0500
Las Vegas	Southwest Medical Associates	888 S. Rancho Dr.	89125	702-877-8600
Mesquite	Mesquite Medical Associates	1301 Bertha Howe Ave #1	89027	702-346-0800
Minden	Minden Medical Emergency	925 Ironwood Drive #1104	89423	775-783-7800
North Las Vegas	Centennial Hills Occ Ctr	4100 N. Martin Luther King Blvd #A	89032	702-835-9760
North Las Vegas	Concentra Medical Centers	151 W. Brooks Ave.	89030	702-399-6545
Pahrump	Advanced Medical Center	1501 E. Calvada Blvd.	89048	775-727-5509
Pahrump	Specialty Medical Center	1280 E. Calvada Blvd.	89048	775-751-3377
Reno	Concentra Medical Centers	1530 E. 6th St.	89512	775-322-5757
Reno	Ryland Occu Health	975 Ryland Ave. #100	89502	775-982-5210
Reno	South Meadows Urgent Care	10085 Double R Blvd #100	89511	775-982-4910
Reno	South Virginia Medical Center	6580 S. Virginia St.	89511	775-853-9959
Sparks	ARC Medical Centers	2205 E. Glendale #131	89431	775-331-3361
Sparks	Concentra Medical Centers	255 Glendale Ave. #12	89431	775-356-8181
Sparks	Sparks Urgent Care	910 Vista Blvd.	89434	775-982-6769
Stateline	Tahoe Carson Valley Medical Grp	155 Highway 50	89449	775-588-3561
Stead	Stead Urgent Care	1075 North Hills Blvd. #170	89506	775-982-6546

HOSPITAL				
Carson City	Carson Tahoe Hospital	1600 Medical Pkwy.	89703	775-445-8000
Carson City	Sierra Surgery Hospital	1400 Medical Parkway	89703	775-883-1700
Elko	Northern Nevada Reg Hosp	2001 Errecart Blvd.	89801	775-738-5151
Ely	William Bee Ririe Hospital	1500 Avenue "H"	89301	775-289-3001
Fallon	Churchill Community Hospital	801 E. Williams St.	89406	775-423-3151
Gardnerville	Carson Valley Medical Ctr.	1107 Highway 395	89410	775-782-1500
Henderson	St. Rose Dominican Hosp-Rose De Lima	102 E. Lake Mead Dr.	89015	702-564-2622
Henderson	St. Rose Dominican Hosp-San Martin	8280 W. Warm Springs Rd.	89113	702-492-8000
Henderson	St. Rose Dominican Hosp-Siena	3001 St. Rose Parkway	89052	702-616-5000
Las Vegas	Desert Springs Hospital	2075 E. Flamingo Rd.	89119	702-733-8800
Las Vegas	Mountainview Hospital	3100 N. Tenaya Way	89128	702-255-5000
Las Vegas	Summerlin Hospital	657 Town Center Dr.	89134	702-233-7000
Las Vegas	Sunrise Hospital	3186 S. Maryland Pkwy.	89109	702-731-8000

PROVIDER LIST

Las Vegas	University Medical Center	1800 W. Charleston Blvd.	89102	702-383-2000
Las Vegas	Valley Hospital	620 Shadow Lane	89106	702-388-4000
Lovelock	Pershing General Hospital	855 6th St.	89419	775-273-2621
North Las Vegas	North Vista Hospital	1409 E. Lake Mead Blvd.	89030	702-649-7711
Reno	Saint Mary's Regional Med Ctr.	235 W. 6th St.	89503	775-770-3000
Reno	South Meadows Medical Ctr.	10101 Double R Blvd.	89521	775-982-7000
Sparks	Northern Nevada Medical Ctr.	2375 E. Prater Way	89434	775-331-7000
Winnemucca	Humbolt General Hospital	118 E. Haskell St.	89445	775-623-5222
Yerington	South Lyon Medical Center	Whitacre & Surprise	87447	775-463-2301

REHABILITATION HOSPITAL

Henderson	Encompass Health	10301 Jeffreys St.	89052	702-939-9400
Las Vegas	CareMeridian	7690 Carmen Blvd.	89128	702-255-7399
Las Vegas	Desert Canyon Rehab Hospital	9175 W. Oquendo	89148	702-252-7342
Las Vegas	Encompass Health	1250 S. Valley View Blvd.	89102	702-877-8898
Las Vegas	Encompass Health	2500 N. Tenaya Way	89128	702-562-2021
Las Vegas	Horizon Specialty Hospital	640 Desert Ln.	89106	702-382-3155
Las Vegas	Progressive Hospital	4015 S. McLeod Dr.	89121	702-433-2200
Reno	Renown Rehabilitation Hospital	1495 Mill St	89502	775-982-3500

ALLERGIST

Henderson	Ackles III, Burlin MD	6301 Mountain Vista #208	89014	702-451-1161
Las Vegas	Barlow, Carol MD	3280 N Rainbow Blvd	89108	702-731-3117

CARDIOLOGY

Henderson	Broder, Howard MD	2865 Sienna Heights Dr #331	89052	702-407-0110
Henderson	Jefic, Diane MD	2865 Sienna Heights Dr. #331	89052	702-407-0110
Las Vegas	Ahern, Thomas MD	3006 S Maryland Pkwy #350	89109	702-731-8224
Las Vegas	Aquino, Jose MD	700 Shadow Lane #240	89106	702-384-0022
Las Vegas	Avina, Lindey MD	4775 S Eastern Ave	89119	702-492-4883
Las Vegas	Marchand, Arturo, MD	1820 E. Desert Inn Road #A	89109	702-732-7879
Las Vegas	Li, Jonathan MD	888 S Rancho Drive	89106	702-877-8654
Las Vegas	Lee, John MD	7455 W Washington Ave.	89128	702-240-6482
Las Vegas	Lambert, Thomas MD	2010 Goldring #308	89106	702-598-3999
Las Vegas	Lagstein, Zev MD	2923 W Charleston #80	89102	702-870-1026
Las Vegas	Janzer, Sean MD	3006 S. Maryland Pkwy #350	89109	702-731-8224
Las Vegas	Fotedar, Anil MD	700 Shadow Lane #240	89106	702-384-0022
Reno	Arger, Kosta MD	75 Pringle Way #401	89502	775-688-8000
Reno	Bruse, Stephen MD	75 Pringle Way #401	89502	775-688-8000
Reno	McNulty, Candace MD	75 Pringle Way #401	89502	775-688-8000
Reno	Bryg, Robert MD	75 Pringle Way #303	89502	775-784-6522
Reno	Challapalli, Ram MD	75 Pringle Way #401	89502	775-688-8000
Reno	Chryssos, Basil MD	75 Pringle Way #401	89502	775-688-8000
Reno	Davee, Thomas MD	343 Elm Street #400	89503	775-323-6700
Reno	DiPaolo, Christopher MD	75 Pringle Way #401	89502	775-688-8000
Reno	Drummer, Eric MD	75 Pringle Way #401	89502	775-688-8000
Reno	Fuller, Colin MD	75 Pringle Way #401	89502	775-688-8000
Reno	Grinsell, John MD	343 Elm Street #400	89503	775-323-6700
Reno	Inchino, Jake MD	343 Elm Street #400	89503	775-323-6700

CHIROPRACTIC

Carson City	Bray, William, DC	201 W. Adams	89703	775-883-7200
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PROVIDER LIST

Carson City	Fischer, Paul J., DC	805 N. Division St.	89703	775-882-5800
Carson City	Kellogg, Samuel DC	1200 Mountain St	89703	775-883-3636
Carson City	Kipling, Scott DC	328 E Winnie Ln	89706	775-883-1203
Elko	Sherwood, John, DC	524 Walnut St.	89801	775-738-2225
Elko	Taylor, Wade, DC	2715 Argent Ave. #4	89801	775-753-7387
Gardnerville	Trujillo, David, DC	1532 Hwy 395 North #B	89410	775-782-2910
Henderson	McIntyre, Richard DC	10120 S Eastern Ave #100	89052	702-568-0000
Las Vegas	Akers, Terry DC	6800 W Cheyenne	89108	702-822-1212
Las Vegas	Allison, Karen DC	101 S Rainbow #B32	89128	702-457-4727
Las Vegas	Razsadin, Andrei DC	3376 S Eastern Ave #160	89169	702-369-5436
Las Vegas	Blanchard Jr, Deloy DC	241 N Buffalo Dr. #100	89145	702-852-1390
Las Vegas	Borkin, Jacqueline DC	1817 S Eastern	89104	702-641-3008
Las Vegas	Church, Jeffrey DC	1504 S Eastern	89104	702-382-8594
Las Vegas	Dollarhide, Roper DC	5445 W Sahara Ave	89146	702-368-0508
Las Vegas	Fischer, Paul DC	3131 La Canada St #217	89169	702-369-7152
Las Vegas	Harter, Scott DC	2300 S Rancho Dr #109	89102	702-384-3027
Las Vegas	Toranzo, Eric DC	3551 E Bonanza Rd #108	89110	702-437-0800
North Las Vegas	Anderson, Matthew DC	2590 Nature Park Drive	89084	702-636-2843
Reno	Scurlock, Karen DC	6630 S. McCarran Blvd. #A2	89509	775-829-0177
Reno	Johnson, Ted, DC	4600 Kietzke Ln #N258	89502	775-826-2200
Reno	Kahn, David DC	1175 Harvard Way	89408	775-575-5511
Reno	Kubinec, James DC	330 E Liberty St #100	89501	775-398-3630
Winnemucca	Verner, Dennis, DC	504 E. 2nd St.	89445	775-623-3938

ALL

Dentalworks

855-443-9872

DERMATOLOGY

Henderson	Kadow, Kenneth MD	1485 W Warm Springs Rd #102	89014	702-732-2398
Las Vegas	Boyer, Harold MD	630 S Rancho Dr #E	89106	702-258-1001

CARLISLE MEDICAL

800-553-1783

Home Care Connect

855-223-2228

EAR, NOSE & THROAT

Carson City	Forest, John, MD	2874 N. Carson St. #220	89706	775-883-7666
Carson City	Manoukian, Paul, MD	2874 N. Carson St. #220	89706	775-883-7666
Carson City	Romaneschi, Brian, MD	2874 N. Carson St. #220	89706	775-883-7666
Carson City	Caten, Alexander MD	1493 Medical Pkwy	89703	775-883-7666
Fallon	Sierra Nevada ENT	801 E. Williams Ave.	89406	775-883-7666
Gardnerville	Sierra Nevada ENT	1520 Virginia Ranch Rd. #103	89410	775-782-3888
Henderson	Nevada Eye and Ear	2598 Windmill Pkwy.	89074	702-896-6043
Las Vegas	Boyers, Jerold E., MD	700 Shadow Lane # 235	89102	702-382-3221
Las Vegas	Lubitz, Joel N., MD	3101 S. Maryland Pkwy #102	89109	702-732-4491
Las Vegas	Nevada Eye and Ear	2020 Goldring Medical Plaza #401	89106	702-896-6043
Las Vegas	Nevada Eye and Ear	9100 W. Post Rd	89123	702-896-6043
Reno	Ludlow, Paul C., MD	645 N. Arlington Ave. #670	89503	775-324-3800
Winnemucca	Elko ENT Specialists	130 E. Haskell St.	89455	775-323-2488

GENERAL SURGERY

Carson City	Bessette, Richard MD	1525 Vista Lane #100	89703	775-887-8885
Carson City	Carson Surgical Group	1375 Vista Ln.	89703	775-882-2067

PROVIDER LIST

Carson City	Gabriel, Kent MD	704 W. Nye Lane 102	89703	775-885-8890
Henderson	Moseley, Kimberly, MD	10001 S Eastern Ave #200	89052	702-914-2420
Las Vegas	Koler, Amy MD	1707 W Charleston #160	89102	702-671-5150
Las Vegas	Knoblock, Lynn MD	526 S Tonopah drive #120	89106	702-258-7788
Minden	Carson Surgical Group	925 Ironwood Drive	89423	775-782-5594
Pahrump	Sorenson, John MD	330 S Lola Lane #200	89048	775-751-7100
Reno	General and Vascular Assoc	1500 E. 2nd St. #206	89502	775-789-7050
Reno	Ramos, Susan MD	890 Mill St. #405	89502	775-323-8050
Reno	Western Surgical Group	75 Pringle Way #1002	89502	775-323-7500
Reno	Cinelli, Scott DO	6554 S. McCarran Blvd #B	89509	775-324-0288
Reno	Deeter, Matthew MD	6554 S. McCarran Blvd #B	89509	775-324-0288
Reno	Devia, Alvarro MD	6554 S. McCarran Blvd #B	89509	775-324-0288
Reno	Goz, Vladim MD	555 N. Arlington	89503	775-786-3040
Reno	Juell, Brian MD	6554 S. McCarran Blvd #B	89509	775-324-0288

GASTROENTEROLOGY

Las Vegas	Yakov, Shaposhnikov MD PhD	2020 Wellness Way #406	89106	702-737-3337
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HOME HEALTH CARE

Las Vegas	NurseCore of Las Vegas	4423 W. Flamingo Rd	89103	702-458-1137
Las Vegas	Preferred Homecare	1677 Helm Dr.	89119	702-951-6900
Las Vegas	Professional Healthcare Services	2820 W. Charleston Blvd. #36	89102	702-362-0711

INFECTIOUS DISEASE

Elko	Hogle, David, MD	1995 Errecart Blvd Ste 102	89801	775-738-3111
Henderson	Lee, Brian E., MD	6301 Mountain Vista St. #104	89014	702-434-6336
Henderson	Iglikowski, Witold, MD	2900 W. Horizon Ridge Pkwy #121	89052	702-600-4586
Las Vegas	Infectious Diseases Consultants	3006 S. Maryland Pkwy #780	89109	702-737-0740
Las Vegas	Bashy, Majid H., MD	3309 W. Charleston Blvd	89102	702-838-0444
Reno	Horgan, John E., MD	7111 S. Virginia St. #A-7	89501	775-851-5700

NEUROLOGY

Carson City	Doyle, Timothy MD	923 N Mountain St	89703	775-884-4446
Henderson	Germin, Leo MD	1691 W Horizon Ridge Pkwy	89012	702-804-1212
Henderson	Chang, Bess DO	1399 Galleria Drive #203	89014	702-804-7857
Henderson	Glyman, Steven MD	880 Seven Hills Drive	89052	702-671-5070
Henderson	Williams, Paul MD	2505 Anthem Drive	89052	702-586-8614
Las Vegas	Hyson, Morton I., MD	701 Shadow Lane #170	89106	702-387-1757
Las Vegas	Diaz, Luis MD	653 Town Center #600	89134	702-878-2112
Las Vegas	Balsinger, Robert MD	2020 Wellness Way #300	89106	702-432-2233
Las Vegas	Chopra, Gobinder MD	6410 Medical Center St #A100	89148	702-796-8500
Las Vegas	Evangelista, Edgar MD	6040 Badura Ave #120	89118	702-800-7831
Las Vegas	Farrow, Simon MD	3150 N Tenaya Way #650	89128	702-383-2638
Las Vegas	Goodman, Margaret MD	8551 W Lake Mead Blvd #250	89128	702-233-9772
Las Vegas	Gott, Thomas MD	5642 S Eastern Ave #C	89119	702-450-3322
Las Vegas	Reed, Kirby MD	3006 S Maryland Pkwy #360	89109	702-737-8964
Las Vegas	Schneier, Michael MD	10105 Banvurry Cross	89144	702-475-8454
Las Vegas	Seiff, Michael MD	8530 W Sunset Road #250	89113	702-851-0792
Las Vegas	Smith, William MD	3061 S Maryland Pkwy #200	89109	702-737-1948
Las Vegas	Takagi, Ippei MD	653 N Town Center Dr	89144	702-242-3223

PROVIDER LIST

Las Vegas	Nagy, Aurangzeb MD	10001 S Eastern Ave #40	89052	702-737-2070
Las Vegas	Douds, Gregory MD	3012 S. Durango Dr	89117	702-826-2884
Reno	Bacchus, Malcolm D., MD	6630 S. McCarran Blvd. #8	89509	775-824-8100
Reno	Quaglieri, Charles, MD	6630 S. McCarran Blvd. #8	89509	775-824-8100
Reno	Quaglieri, Frank C., MD	6630 S. McCarran Blvd. #8	89509	775-824-8100
Reno	Evangelista, Edgar MD	330 E Liberty St #100	89501	702-800-7831
Reno	Heide, Aaron MD	18124 Wedge Pkwy #1063	89511	353-350-4471
Reno	Shah, Russell MD	10509 Professional Circle #101	89521	702-644-0500

OPHTHALMOLOGY

Carson City	Center for Advanced Eye Care	1104 N Division St.	89703	775-882-9123
Carson City	Fischer, Michael, MD	3839 N. Carson St.	89706	775-882-2988
Elko	Houchin, Kenneth, MD	875 14th St.	89801	775-738-5193
Henderson	Hsu, Gregory, DO	299 N. Pecos Rd	89074	702-450-6000
Henderson	Nevada Eye and Ear	2598 Windmill Pkwy	89074	702-896-6043
Henderson	Nevada Eye and Ear	9100 W. Post Rd	89123	702-896-6043
Las Vegas	Abrams, Jack, MD	6450 Medical Center St. #100	89148	702-304-9494
Las Vegas	Leibowitz, Stephen, MD	653 Town Center Dr. # 102	89144	702-242-5555
Las Vegas	Nevada Eye and Ear	2020 Goldring Medical Plaza #401	89106	702-896-6043
Las Vegas	Nevada Institute of Ophthalmology	2800 N Tenaya Way #102	89128	702-240-2820
Las Vegas	Nevada Eye Care	2090 East Flamingo Rd #100	89119	702-633-2020
Las Vegas	Nevada Eye Care	7730 West Cheyenne #103	89129	702-633-2020
Las Vegas	Retina Consultants of Nevada	653 N. Town Center Dr. #518	89144	702-369-0200
Reno	Hershewe, Gerald, MD	1500 E. 2nd St #203	89502	775-329-4500
Reno	Sierra Nevada Eye Center	9468 Double 'R' Blvd.	89521	775-322-3333
Reno	Nevada Retina Associates	610 Sierra Rose Dr	89511	775-356-7272
Reno	Friedlander, Steve MD	610 Sierra Rose Dr	89511	775-356-7272
Reno	Nielsen, Jarl MD	610 Sierra Rose Dr	89511	775-356-7272

ORTHOPEDICS - HAND/WRIST/ELBOW

Carson City	Gabriel, Kent W, MD	704 West Nye Ln. #102	89703	775-885-8890
Carson City	Cepela, Daniel MD	973 Mica Drive #201	89705	775-392-3680
Henderson	Song, Walter MD	1505 Wigwam Pkwy. #330	89074	702-258-3744
Henderson	Golshani, Kevin MD	1505 Wigwam Pkwy #330	89074	702-258-3744
Las Vegas	Yitello, William MD	653 Town Center Dr. #114	89144	702-562-3500
Las Vegas	Jones, Jedediah MD	9321 W Sunset Road	89148	702-645-7800
Las Vegas	Lee, Michael, MD	2800 E. Desert Inn Rd. #100	89121	702-731-1616
Las Vegas	Taylor, Arthur, MD	7455 W Washington Ave #160	89128	702-878-0393
Las Vegas	Gluck, George MD	8585 S. Eastern Ave. #100	89119	702-798-8585
Las Vegas	Yu, Conrad MD	2650 N Tenaya Way	89128	702-878-0393
Las Vegas	Micev, Alan MD	8585 S. Eastern Ave. #100	89119	702-798-8585
Las Vegas	Kokmeyer, Daniel MD	9321 W. Sunset Rd.	89148	702-645-7800
Las Vegas	Sorelle, Jonathan MD	9080 W Post Roas	89148	702-739-4263
Las Vegas	Bronstein, Andrew MD	3150 N Tenaya Way #400	89128	702-562-3500
Las Vegas	Kingsberg, Jessica MD	2020 Palomino Lane #110	89106	702-474-7200
Las Vegas	Morris, Gary MD	7455 W Washington Ave #160	89128	702-878-0393
Las Vegas	Wulff, Richard MD	3233 W.Charleston Blvd #101	89102	702-388-1008
Reno	Huene, Donald S, MD	85 Kirman Ave. #303	89502	775-329-8423
Reno	Kiener, Joseph L, MD	530 Hammill Ln.	89511	775-825-1234
Reno	Volshteyn, Boris, MD	9436 A Double R Blvd	89521	775-284-0911
Reno	Huene, Donald MD	85 Kirman Ave	89502	775-329-8423
Reno	Sobiek, James MD	85 Kirman Ave	89502	775-329-8423
Reno	Christensen, Thomas MD	555 N Arlington Ave	89503	775-786-3040

PROVIDER LIST

Reno	Christensen, James MD	555 N Arlington Ave	89503	775-786-3040
Reno	Kaiser, Kirk MD	555 N Arlington Ave	89503	775-786-3040
Reno	Weldin, Elizabeth MD	555 N Arlington Ave	89503	775-786-3040
Reno	Lilyquist, Michael MD	9480 Double Diamond Pkwy #100	89509	775-786-1600

ORTHOPEDICS - SPINE

Carson City	Mendoza, Marco MD	973 Mica Drive #201	89705	775-783-6190
Carson City	Jones, David MD	1104 N Division	89703	775-884-5470
Carson City	Fry, Michael MD	973 Mica Drive #101	89703	775-445-7970
Carson City	Halki, John MD	100 N Division St	89703	775-883-8100
Henderson	Debiparshad, Kevin MD	870 Seven Hills Dr #103	89052	702-485-3640
Las Vegas	Lee, Daniel MD	2800 E Desert Inn Rd #100	89121	702-903-1845
Las Vegas	Elkanich, George MD	2020 Palomino Lane #100	89128	702-474-7200
Las Vegas	Sharif, Kevin MD	1505 Wigwam Pkwy #330	89074	702-258-3744
Las Vegas	Kabins, Mark MD	600 S Ranch Dr. #107	89106	702-878-8370
Las Vegas	Bassewitz, Hugh MD	2800 E Desert Inn Rd #100	89121	702-731-1616
Las Vegas	Dunn, Thomas MD	2800 E Desert Inn Rd #100	89121	702-731-1616
Las Vegas	Sinkov, Vladimir MD	1627 E Windmill Ave #100	89123	702-710-1010
Las Vegas	Vater, Thomas MD	7455 W Washington Ave #160	89128	702-878-0393
Las Vegas	Thalgott, John MD	600 S Rancho Dr #107	89106	702-878-8370
Las Vegas	Daubs, Michael MD	701 S Tonopah Dr	89106	702-388-1008
Las Vegas	Thomas, James MD	4454 N Decatur Blvd	89130	702-839-1203
Las Vegas	Rimoldi, Reynold MD	7455 W Washington Ave #160	89128	702-258-3773
Reno	Song, Michael MD	10509 Professional Cir #101	89521	775-323-6100
Reno	Rappaport, James MD	6630 S McCarran Blvd #A4	89509	775-323-6100
Reno	Kip, Phelps MD	6630 S McCarran Blvd #A4	89509	775-323-6100
Reno	Vacca, Dante MD	5590 Kitzke Ln	89511	775-323-2080
Reno	Olson, James MD	6630 S McCarran Blvd #A4	89509	775-323-6100
Reno	Goz, Vadim MD	75 Pringle Way #701	89502	775-657-8844
Reno	Flinn, Daniel DO	555 N. Arlington Ave	89503	775-786-1358

ORTHOPEDICS - SHOULDER

Carson City	Walls, Joseph MD	973 Mica Drive #201	89705	775-783-6190
Carson City	Edmonds, Michael MD	1104 N Division St	89703	775-884-5470
Elko	Jones, Roger, MD	770 S 12th Street	89801	775-138-1770
Elko	Meyers, Kim MD	2219 N 5th Street Suite A	89801	775-777-1224
Fallon	Louwennar, Keith MD	125 N Ada St	89406	775-423-4477
Gardnerville	Orr, Terrance MD	1107 Hwy 395	89410	775-541-3100
Las Vegas	Kam, Galen MD	4750 W Oakey Blvd #401	89102	702-724-8877
Las Vegas	Baldauf, John MD	2800 E Desert Inn Rd #100	89121	702-731-4088
Las Vegas	Fontes, Roger MD	2800 E Desert Inn Rd #100	89121	702-731-4088
Las Vegas	Fouse, Matthew MD	2800 E Desert Inn Rd #100	89121	702-731-4088
Las Vegas	Hanson, Chad MD	2800 E Desert Inn Rd #100	89121	702-731-4088
Las Vegas	Miao, Michael MD	2800 E Desert Inn Rd #100	89121	702-731-4088
Las Vegas	Song, Walter MD	2800 E Desert Inn Rd #100	89121	702-731-4088
Las Vegas	Sanders, Steven MD	2020 Palomino Ln #110	89106	702-474-7200
Las Vegas	Mendez, Kirk MD	2020 Palomino Ln #110	89106	702-474-7200
Las Vegas	Manning, James MD	2020 Palomino Ln #110	89106	702-474-7200
Las Vegas	Kingsberg, Jessica MD	2020 Palomino Ln #110	89106	702-474-7200
Las Vegas	Rosen, Mark MD	2020 Palomino Ln #110	89106	702-474-7200
Reno	Sobiek, James MD	85 Kirman Ave	89502	775-329-8423
Reno	Shonnard, Paul MD	10635 Professional Cir Ste A	89521	775-852-0505
Reno	Malcarney, Hillary MD	10635 Professional Cir Ste A	89521	775-852-0505

PROVIDER LIST

Reno	Dobbs, Ryan MD	555 North Arlington Ave	89503	775-786-3040
Reno	Kaiser, Kirk MD	555 North Arlington Ave	89503	775-786-3040
Sparks	Ford, William MD	2345 E Prater Way #303	89434	775-359-5757

ORTHOPEDICS FOOT & ANKLE

Henderson	Sibel, Roman MD	3175 St Rose Pkwy #320	89052	702-997-9833
Las Vegas	Monroe, Michael T., MD	3233 W.Charleston Blvd #101	89102	702-388-1008
Las Vegas	McGee, William MD	10105 Banbury Cross Dr. #445	89144	702-475-4390
Las Vegas	Chan, Holman MD	7455 W Washington Ave #160	89128	702-258-3773
Las Vegas	Watson, Troy MD	2800 E Desert Inn Rd #100	89121	702-731-4088
Las Vegas	Donahue, Michael MD	501 S Rancho Dr #I-67	89106	702-243-4700
Las Vegas	Granata, Jaymes MD	2800 E Desert Inn Rd #100	89121	702-731-1616
Las Vegas	Raissi, Abdi MD	2800 E Desert Inn Rd #100	89121	702-731-1616
Las Vegas	Mendez, Kirk MD	2020 Palomino Lane #110	89106	702-474-7200
Las Vegas	Rosen, Mark MD	2020 Palomino Lane #110	89106	702-474-7200
Las Vegas	Kingsberg, Jessica MD	2020 Palomino Lane #110	89106	702-474-7200
Las Vegas	Morris, Gary MD	7455 W Washington Ave #160	89128	702-878-0393
Las Vegas	Wulff, Richard MD	3233 W.Charleston Blvd #101	89102	702-388-1008
Reno	Hayes, Richard MD	9480 Double Diamond Pkwy	89511	775-786-1600
Reno	Lundeen, Gregory MD	555 Arlington Ave	89503	775-786-3040
Reno	Fyda, Thomas MD	9480 Double Diamond Pkwy	89521	775-786-1600
Reno	Althausen, Peter MD	555 North Arlington	89503	775-786-3040
Reno	Bray, Timothy MD	555 North Arlington	89503	775-786-3040
Reno	Bullard, Jace MD	555 North Arlington	89503	775-786-3040
Reno	Dobbs, Ryan MD	555 North Arlington	89503	775-786-3040
Reno	Kalisvaart, Michael MD	555 North Arlington	89503	775-786-3040
Reno	Kieckbusch, Travis MD	9480 Double Diamond Pkwy	89509	775-786-1600
Reno	Uppal, Renny MD	555 North Arlington	89503	775-786-3040
Reno	Whitlow, Scott MD	555 North Arlington	89503	775-786-3040
Reno	Zebrack, John MD	555 North Arlington	89503	775-786-3040

ORTHOPEDICS - KNEE

Carson City	Walls, Joseph MD	973 Mica Drive #201	89705	775-783-6190
Carson City	Edmonds, Michael MD	1104 N Division St	89703	775-884-5470
Elko	Jones, Roger, MD	770 S 12th Street	89801	775-138-1770
Elko	Meyers, Kim MD	2219 N 5th Street Suite A	89801	775-777-1224
Fallon	Louwennar, Keith MD	125 N Ada St	89406	775-423-4477
Garnderville	Orr, Terrance MD	1107 Hwy 395	89410	775-541-3100
Las Vegas	Sanders, Steven MD	2680 Crimson Canyon Drive	89128	702-228-7355
Las Vegas	Mendez, Kirk MD	2680 Crimson Canyon Drive	89128	702-228-7355
Las Vegas	Manning, James MD	2680 Crimson Canyon Drive	89128	702-228-7355
Las Vegas	Kastrup John MD	7455 W Washington Ave #160	89128	702-878-0393
Las Vegas	Ashman, Edward MD	7455 W Washington Ave #160	89128	702-878-0393
Las Vegas	Bigler, Thomas MD	9499 W Charleston Blvd #200	89117	702-933-9393
Las Vegas	Thomas, Steven MD	9499 W Charleston Blvd #200	89117	702-933-9393
Las Vegas	Fouse, Matthew MD	2800 E Desert Inn Rd #100	89121	702-731-4088
Las Vegas	Sylvain, Mark MD	3233 W Charleston Blvd #101	89102	702-388-1008
Las Vegas	Hillock, Ronald MD	7455 W Washington Ave #160	89128	702-878-0393
Las Vegas	Morris, Gary MD	7455 W Washington Ave #160	89128	702-878-0393
Las Vegas	Hanson, Chad MD	2800 E Desert Inn Rd #100	89121	702-731-4088
Las Vegas	Sanders, Steven MD	2020 Palomino Ln #110	89106	702-474-7200
Las Vegas	Hillock, Richard MD	7455 W Washington Ave #160	89128	702-878-0939
Reno	Sobiek, James MD	85 Kirman Ave	89502	775-329-8423

PROVIDER LIST

Reno	Shonnard, Paul MD	10635 Professional Cir Ste A	89521	775-852-0505
Reno	Malcarney, Hillary MD	10635 Professional Cir Ste A	89521	775-852-0505
Reno	Dobbs, Ryan MD	555 North Arlington Ave	89503	775-786-3040
Reno	Kaiser, Kirk MD	555 North Arlington Ave	89503	775-786-3040
Sparks	Ford, William MD	2345 E Prater Way #303	89434	775-359-5757

PAIN MANAGEMENT

Carson City	Murphy, James MD	2874 N Carson St #103	89706	775-786-6190
Carson City	Sullivan, James MD	973 Mica Dr #201	89705	775-786-6190
Henderson	Gao, Robert MD	10120 S Eastern Ave #15	89052	702-269-0781
Las Vegas	Gallagher, Annemarie MD	5740 S Eastern Ave #100	89119	702-444-4200
Las Vegas	Schifini, Joseph J., MD	600 S. Tonopah Dr. #240	89106	702-870-0011
Las Vegas	Ruggeroli, Anthony MD	6070 S Fort Apache Rd #100	89148	702-307-7700
Las Vegas	Kim, Andrew, MD	2800 N Desert Inn Rd #100	89121	702-731-4088
Las Vegas	Antflick, Adam DO	7720 S Cimmaron Rd	89113	702-912-4100
Las Vegas	Helmi, Nader MD	6070 S Fort Apache Rd #100	89148	702-307-7700
Las Vegas	Khavkin, Albert MD	653 Town Center Dr	89144	702-762-3223
Las Vegas	Kozmary, Steven MD	2851 El Camino Ave #101	89102	702-878-0070
Las Vegas	Kucera, Tomas MD	653 N Town Center Drive	89144	702-242-3223
Las Vegas	McKenna, Michael MD	6070 S Fort Apache Rd #100	89148	702-307-7700
Las Vegas	Nahm, Charlie MD	9333 W Sunset Rd #A	89148	702-968-6259
Las Vegas	Rowan, Noel MD	6070 S Fort Apache Rd #100	89148	702-307-7700
Las Vegas	Franco, Luis MD	2080 E Flamingo Rd #220	89119	702-732-8558
Las Vegas	Miciano, Armando MD	2701 N Tenaya Way	89128	702-869-4401
Las Vegas	Pasimio, Edmund MD	601 S Rancho Dr #A-6	89106	702-386-0909
Las Vegas	Rudins, Andrew MD	5650 W Flamingo Rd #A	89103	702-796-7733
Las Vegas	Thorley, Rodney MD	2080 E Flamingo Rd #220	89119	702-732-8558
Las Vegas	Yoon, Jinny MD	2121 E Flamingo Rd	89119	702-260-3555
Las Vegas	Cho, Dong MD	600 S Rancho Dr #113	89106	702-870-9876
Reno	Arraiz, Martin MD	555 N Arlington	89503	775-786-3040
Reno	Berman, Steven MD	605 Sierra Rose Dr #4	89511	775-689-5410
Reno	Chen, Jeff MD	360 W 6th St, 3rd Floor	89503	775-786-3040
Reno	Goode, Randall MD	18653 Wedge Pkwy #120	89511	775-783-6190
Reno	Harris, Richard MD	605 Sierra Rose Dr #4	89511	775-689-5410
Reno	Heape, Kelly MD	350 W 6th St. 3rd Floor	89503	775-786-3040
Reno	Heape, Steven MD	350 W 6th St. 3rd Floor	89503	775-786-3040
Reno	Mack, Anwar MD	605 Sierra Rose Dr #4	89511	775-689-5410
Reno	Metcalf, Sara MD	350 W 6th St. 3rd Floor	89503	775-786-3040
Reno	Pitman, Kenneth MD	605 Sierra Rose Dr #4	89511	775-689-5410

PHYSICAL MEDICINE

Henderson	Chue, Bevins, MD	1669 W Horizon Ridge #100	89012	702-386-1041
Henderson	Gao, Robert MD	10120 S Eastern Ave #15	89052	702-269-0781
Las Vegas	Kong, Ronald MD	501 S Rancho Dr #A-5	89106	702-382-3331
Las Vegas	Snead, Brandon MD	6765 W Charleston Blvd #150	89146	702-518-5774
Las Vegas	Reed, Mark MD	600 S Tonopah Drive #240	89106	702-383-3170
Las Vegas	Torres, Javier MD	501 S. Rancho Drive #I-67	89106	702-243-4700
Las Vegas	Franco, Luis MD	2080 E Flamingo Rd #220	89119	702-732-8558
Las Vegas	Miciano, Armando MD	2701 N Tenaya Way	89128	702-869-4401
Las Vegas	Pasimio, Edmund MD	601 S Rancho Dr #A-6	89106	702-386-0909
Las Vegas	Rudins, Andrew MD	5650 W Flamingo Rd #A	89103	702-796-7733
Las Vegas	Thorley, Rodney MD	2080 E Flamingo Rd #220	89119	702-732-8558
Las Vegas	Yoon, Jinny MD	2121 E Flamingo Rd	89119	702-260-3555

PROVIDER LIST

Las Vegas	Cho, Dong MD	600 S Rancho Dr #113	89106	702-870-9876
Reno	Bantum, Brian MD	6630 S McCarran Blvd #A3	89503	775-828-2863
Reno	Brooke, Valerie MD	1495 Mill St	89503	775-982-5000
Reno	Berry, Robert MD	6630 S McCarran Blvd #4	89509	775-828-2873
Reno	Reyher, John DO	6630 S McCarran Blvd #4	89509	775-828-2873
Reno	Twombly, Christopher MD	6630 S McCarran Blvd #4	89509	775-828-2873
Reno	Tatro, Andrea MD	6630 S McCarran Blvd #4	89509	775-331-2600
Reno	Hsu, Andrew MD	9480 Double Diamond Pkwy #200	89434	775-348-8800
Reno	Keyme, Richard MD	6630 S McCarran Blvd #4	89509	775-348-8800
Reno	Worchel, Jared DO	1495 Mill St	89502	775-982-5000
Sparks	Burke, Brian MD	1055 Roberta Lane #100	89431	775-331-2600
Sparks	Hill, Harry MD	1055 Roberta Lane #100	89431	775-331-2600
Sparks	Burke, Forrest MD	1055 Roberta Ln #103	89431	775-331-2600

MEDRISK

800-225-9675

PLASTIC SURGERY

Carson City	Gabriel, Kent MD	704 W Nye Lane #102	89703	775-885-8890
Las Vegas	Baynosa, Richard MD	1707 W. Charleston Blvd #190	89102	702-671-5110
Las Vegas	Brosious, John MD	1707 W Charleston Blvd #190	89102	702-671-5110
Reno	Dahan, Phillip, MD	10755 Double R Blvd	89521	775-826-4477
Reno	Hall, Wesley MD	635 Sierra Rose Dr #A	89511	775-284-8296

PSYCHIATRY

Las Vegas	Johnson, Don, PhD	501 S. Rancho Dr. #F-37	89106	702-388-9403
Las Vegas	Linden, David MD	2725 S Jones #104	89146	702-384-2238
Las Vegas	Bralliar, Richard DO	6000 W Rochelle Ave	89103	702-364-1111
Las Vegas	Bauer, William MD	2445 Fire Mesa St #190	89128	702-876-9330
Las Vegas	Coffey, Latricia MD	888 W Bonneville Ave	89106	702-263-9797
Las Vegas	Duffy, Sean MD	1885 Village Center Cir	89134	702-360-2800
Las Vegas	Horne, Robert MD	2915 W Charleston Blvd	89102	702-385-2123
Las Vegas	Lisoske, Michelle MD	701 Shadow Ln #200	89106	702-429-3847
Las Vegas	Montesclaros, Proferia MD	4000 E Charleston Blvd	89104	702-936-4000
Las Vegas	Ortega, Luis MD	1604 Bearden	89106	702-413-1391
Las Vegas	Peprah, Robert MD	6039 Eldora Ave #E	89146	702-228-4900
Las Vegas	Ritter, Aaron MD	888 W Bonneville Ave	89106	702-221-6277
Reno	Kazemi, Reza MD	6880 S McCarran Blvd #14	89809	775-393-9101
Reno	Park, Daniel MD	6880 S McCarran Blvd #14	89809	775-393-9191
Reno	Petrie, Justin MD	6880 S McCarran Blvd #14	89809	775-393-9191
Reno	Pierson, Brian MD	6880 S McCarran Blvd #14	89809	775-393-9191
Reno	Sharma, Sidharth MD	6880 S McCarran Blvd #14	89809	775-393-9191
Reno	Suba, Faisal MD	6880 S McCarran Blvd #14	89809	775-393-9191

PULMONOLOGY

Henderson	Goldberg, Andrew MD	2013 Trailside Village	89012	702-737-5864
Las Vegas	Shapiro, Mindy MD	1621 E Flamingo Rd #1	89119	702-731-6500
Las Vegas	Singh, Maresh MD	2000 Goldring Ave	89106	702-384-5101
Las Vegas	Stewart, Paul MD	2000 Goldring Ave	89106	702-384-5101
Las Vegas	Watanbe, Wilson MD	2350 W Charleston	89102	702-877-8600
Las Vegas	Batra, Anil MD	3650 S Eastern Ave #230	89109	702-732-7560
Las Vegas	Willoughby, Jeff MD	10105 Banbury Cross Dr #355	89144	702-998-1400
Las Vegas	Brandes, William MD	2000 Goldring Ave	89106	702-384-5101

PROVIDER LIST

Las Vegas	Brantley, Kenneth MD	3131 La Canada	89109	702-797-2163
Las Vegas	Honsberg, Angelica MD	3838 Meadows Lane	89107	702-598-4411
Las Vegas	Khilnani, Suresh MD	2513 Callita Ct	89102	702-732-4059
Las Vegas	McPherson, Charles MD	359 N Humboldt Dr	89014	702-737-5864
Sparks	Viray, Aaron MD	2385 E Prater Way #302	89434	775-387-1616
Sparks	Amesur, Rajiv MD	255 Glendale Ave #12	89434	775-356-8181
Sparks	Surani, Aleem MD	2385 E Prater Way #302	89434	775-387-1616

ONE CALL MEDICAL

866-672-3064

SURGERY CENTERS

Carson City	Sierra Surgery Hospital	1400 Medical Parkway	89703	775-883-1700
Henderson	Seven Hills Surgery Center	876 SevenHills Dr.	89052	702-914-2028
Las Vegas	Flamingo Surgery Center	2565 E. Flamingo Rd.	89121	702-697-7900
Las Vegas	Institute of Orthopaedic Surgery	2800 E. Desert Inn Rd. #150	89121	702-735-7355
Las Vegas	Las Vegas Surgery Center	870 S. Rancho Dr.	89106	702-840-2090
Las Vegas	Sahara Surgery Center	2401 Paseo Del Prado	89102	702-362-7874
Las Vegas	Specialty Surgery Center	7250 Cathedral Rock Dr.	89128	702-933-3999
Las Vegas	Surgical Arts Center	9499 W. Charleston Blvd #250	89117	702-933-3600
Las Vegas	The Surgery Center at Tenaya	2650 N. Tenaya Way	89128	702-952-3610
Las Vegas	Affinity Surgery Center	10135 W. Twain Ave. #110	89147	702-832-5959
Las Vegas	215 Surgery Center	6120 S. Fort Apache Rd #200	89148	702-948-8894
Reno	Quail Surgical & Pain Management	6630 S. McCarran Blvd. #C25	89509	775-827-7555
Reno	Sierra Vista Surgery Center	10463 Double "R" Blvd. #200	89521	775-851-9400

TRANSPORTATION/TRANSLATION

ProCare	866-941-7878
Health Plus Transit	877-296-2285
One Call	866-672-3064

UROLOGY

Henderson	Michael Kaplan, MD	4 Sunset Way #B6	89014	702-454-6226
Las Vegas	John Dudek, MD	2020 Goldring #506	89106	702-382-7055
Las Vegas	Sheldon Freedman, MD	3006 S Maryland Pkwy #430	89109	702-732-0282

Mitchell

urbox@mitchell.com

Certified by Julia Wood - NV License number 3387972 09/25/2020