SELECTION OF AN EXAMINING PROVIDER

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Claimant’s Name |  |  | Claim No. | **Case ID:**  |

I have selected the following physician or medical facility to perform my complete pulmonary evaluation in connection with my claim for Federal black lung benefits.

|  |  |
| --- | --- |
| Provider’s Name: |  |
| Provider’s Address: |  |
|  |  |
|  |  |
|  |  |

It is sometimes necessary to ask a miner to select another provider because the original physician is unable to perform the evaluation for a number of reasons. This may be a result of a change in the physician’s circumstances including illness, death, or retirement. It may also be a result of the physician’s inability to meet the standards necessary for inclusion on the list of approved providers. To minimize potential delays in the processing of your claim, please select an alternate physician or facility in case your original selection is unable to perform the evaluation. This alternate selection is voluntary, but it may help to speed the processing of your claim.

|  |  |
| --- | --- |
| Provider’s Name: |  |
| Provider’s Address: |  |
|  |  |
|  |  |
|  |  |

Are these providers on the list of qualified providers that we gave to you?

YES \_\_\_\_ NO \_\_\_\_

I certify that the providers that I have selected above have not treated or examined me within the 12 months preceding the date that I applied for Federal Black Lung benefits. I further certify that I am not related to either of these providers, and that my spouse is not related to these providers.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claimant’s Signature Date