

**State of California**  
**Division of Workers' Compensation-Medical Unit**  
**QME Appointment Notification Form**

*Please complete this form in its entirety. The Administrative Director requires that you serve this appointment notification form on the employee and the claims administrator, or, if none the employer, and their attorneys in a represented case, if known, within five (5) business days after having scheduled the injured worker to be seen for a QME comprehensive medical-legal evaluation. You may not cancel the appointment less than six (6) calendar days prior to the appointment date, except for good cause (See, 8 Cal. Code Regs. §34). If you reschedule an appointment, review regulation 34 and the ethical rules in regulation 41 (See, 8 Cal Code Regs. §§ 34, 41(a)(7) and (a))*

**Employee Information** (Completion of this section is required)

<u>Tiffany Anderson</u>		(209) 625-8587	
Employee Name		Phone Number	
<u>2 N. Avena Ave.</u>	<u>Lodi</u>	<u>CA</u>	<u>95240</u>
Employee Street Address	Employee City	State	Zip Code
<u>6/29/2011</u>	<u>1114339</u>	<u>VE0700184</u>	
Date of Injury	Panel Number	Claim or Case Number	

**Employer Information**

<u>San Joaquin County Mosquito &amp; Vector Control Dist.</u>			
Employer Name			
<u>7759 S. Airport Way</u>	<u>Stockton</u>	<u>CA</u>	<u>95206</u>
Employer Street Address	Employer City	State	Zip Code

**Claims Administrator Information** (Completion of this section is required)

<u>David Gutierrez</u>		(916) 563-1900	
Claims Administrator Name (Insert the name of the person handling the claim)		Phone Number	
<u>AIMS ACCLAMATION INSURANCE MANAGEMENT SERVICES</u>			
Claims Administrator Company (Insert the name of the company handling the claim)			
<u>P.O. Box 269120</u>	<u>Sacramento</u>	<u>CA</u>	<u>95826-912</u>
Claims Administrator Street Address	Claims Administrator City	State	Zip Code

**Appointment Information** (Completion of this section is required)

Date of appointment call: <u>10/24/2014</u>	Date of Appointment: <u>1/5/2015</u>	Time of appointment: <u>3:30 PM</u>
<u>333 San Carlos Way, Ste. B</u>	<u>Stockton</u>	<u>95207</u>
Examination Address	Examination City	Zip Code

Records should be sent to the following address: 8221 N. Fresno St. Fresno 93720  
Street address or P.O. Box City:

Is a certified interpreter required? Yes ☐ No ☒ If an interpreter is required, indicate language \_\_\_\_\_

QME Name: Khosrow Tabaddor, M.D.

<u>8221 N. Fresno St</u>	<u>Fresno</u>	<u>CA</u>	<u>93720</u>
QME Street Address	QME City	State	Zip Code

Date Signed: 10/28/2014 Signature of the QME Khosrow Tabaddor, M.D.

*Note to Claims Administrator:* The Administrative Director's regulation 10160 requires you to forward a completed, DWC-AD form 101(DEU) (Request for Summary Rating Determination of Qualified Medical Evaluator's Report) (see, 8 Cal. Code Regs. §§ 10160 and 10161) together with all medical reports and medical records prior to the scheduled examination with the QME. You must also provide the employee with a DWC-AD form 100 (DEU)(Employee's Disability Questionnaire)(See, 8 Cal. Code Regs. §§ 10160 and 10161) prior to the examination.



*Declaration of Service*

I declare that I am a resident of or employed in the county where the mailing took place. I am over the age of eighteen years and I am not a party to this case, my business or residence address is: 8221 N. Fresno St, Fresno, CA 93720.

On 10/29/14, I served this QME Appointment Notification Form, the original, or a true and correct copy of the original, which is attached, on each of the persons or firms named below, by placing it in a sealed envelope, addressed to the person or firm named below, and by:

- A depositing the sealed envelope with the U.S. Postal Service with the postage fully prepaid.
- B placing the sealed envelope for collection and mailing following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the U.S. Postal Service in a sealed envelope with postage fully prepaid.
- C placing the sealed envelope for collection and overnight delivery at an office or a regularly utilized drop box of the overnight delivery carrier.
- D placing the sealed envelope for pick up by a professional messenger service for service. (*Messenger must return to you a completed declaration of personal service.*)
- E personally delivering the sealed envelope to the person or firm named below at the address shown below.

B	<u>Tiffany Anderson</u>	<u>2 N. Avena Ave.</u>
Method of Service	Person or firm served	Street Address
	<u>Lodi</u>	<u>CA 95240</u>
	City	State Zip Code
B	<u>David Gutierrez</u>	<u>P.O. Box 269120</u>
Method of Service	Person or firm served	Street Address
	<u>Sacramento</u>	<u>CA 95826-9120</u>
	City	State Zip Code
Method of Service	Person or firm served	Street Address
	City	State Zip Code
	B	<u>Stockwell, Harris, Woolverton &amp; Muehl</u>
Method of Service	Person or firm served	Street Address
	<u>Sacramento</u>	<u>CA 95815-</u>
	City	State Zip Code

Date: 10/29/14 at Fresno, California

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Type or print name Carmen Garza

Signature Carmen Garza