

**QME or AME Conflict of Interest Disclosure Form**

QME/AME Name: Khosrow Tabaddor  
Injured Employee Name: Tiffany K. Anderson  
Claims Administrator: Nancy Urton  
Claim No.: VE0700184 EAMS or WCAB Case No. (if known) ADJ7004221, +  
QME Panel No. (if applicable): \_\_\_\_\_  
Date Scheduled for Medical/Legal Examination: 5-9-2016

**NOTICE TO THE PARTIES:** (check appropriate box)

I, the undersigned evaluator, have determined I have a disqualifying conflict of interest as defined in section 41.5 of the QME regulations (8 Cal. Code Regs.) in this case.

Person/Entity with whom conflict exists:

Category of Conflict: (check one or more)

- familial  
 professional  
 significant financial  
 other (describe): \_\_\_\_\_

I have reviewed the information sent by \_\_\_\_\_ regarding an alleged conflict of interest. I do not believe that any disqualifying conflict of interest, as defined in 8 Cal. Code Regs. § 41.5, exists.

I declare under penalty of perjury of the laws of California that the foregoing is true and correct to the best of my knowledge. Signed this day : \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

**Objection or Waiver By Represented Parties**

I wish to (check one):

- Object to the Evaluator due to the conflict  
 Waive the conflict and continue using the QME/AME in this case in spite of this conflict.

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Print Name of Party or Attorney Signing)

\_\_\_\_\_  
(Signature)

If form signed by attorney, name of party: \_\_\_\_\_

PROOF OF SERVICE

STATE OF CALIFORNIA

COUNTY OF SAN JOAQUIN

I am in the County of San Joaquin, State of California. I am over the age of 18 years.  
My residence is 1900 Lakeshore Drive , Lodi, CA 95240.

I served the foregoing document described as:  
QME Form 123 to Khosrow Tabaddor, on all parties in this action by placing a true copy  
thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United States  
mailed at Lodi, California, addressed as follows:

Sara Skolnik  
Stockwell, Harris, Woolverton & Helphrey  
1007 West College Ave. #301  
Santa Rosa, CA 95401

Ms. Nancy Urton  
AIMS Insurance (Sacramento)  
P.O. Box 269120  
Sacramento, CA 95826-91201

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on March 1, 2016, at Lodi, California.

By: \_\_\_\_\_

Tiffany Anderson