



# OKLAHOMA WORKERS' COMPENSATION COMMISSION

1915 N. STILES AVENUE · OKC, OK · 73105 · (405) 522-3222 · WCC.OK.GOV

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Chairman Jordan K. Russell · Commissioner Megan Tilly · Commissioner Scott Biggs

Executive Director & General Counsel Lauren Hammonds Johnson

## Commission Approves Changes to Form 19

To: Attorneys and WCC All

Date: April 25, 2023

On April 20, 2023, the Commission voted to approve a change to the MFDR Form 19 and to set an effective date for the new form of May 1, 2023.

The change includes the addition of a check box to indicate whether the Form is an original filing or an amended filing of a previously filed MFDR Form 19.

<b>MFDR FORM 19</b>	<b>WORKERS' COMPENSATION COMMISSION</b> 1915 NORTH STILES AVENUE OKLAHOMA CITY, OK 73105	THIS SPACE FOR COMMISSION USE ONLY
Send Original to Workers' Compensation Commission and 1 copy to Insurance Carrier, Self-Insured Employer/Own Risk Group or Uninsured Employer	<b>PROVIDER REQUEST FOR MEDICAL FEE DISPUTE RESOLUTION</b>	
In re claim of:	<input checked="" type="checkbox"/> Please check appropriate box <input type="checkbox"/> I. Original Filing <input type="checkbox"/> II. Amends Previously Filed CC-Form-19. (Circle the change, in blue or black ink, and identify whether it adds to or replaces the prior information.)	
Name of Provider (Claimant)	Full Name of Injured Employee	Injured employee's SSN (LAST 5 DIGITS ONLY) XXX-X
Name of Employer (Respondent)	<b>COMMISSION FILE NO.</b> (To be completed by Commission Staff only)	
Employer's Insurance Carrier, Permit # for Commission Approved Individual Self-Insured or Own Risk Group, Uninsured	Date of Injury	
(Please type or print)		
Address of Provider (Claimant) including Number & Street		City State Zip
Provider's Telephone Number		