

INSTRUCTIONS

Answer Concerning Independent Medical Examination

Form 100A (14-0007A) — Effective July 22, 2019

Overview

- The employer/insurance carrier or an attorney representing the employer/insurance carrier must file this completed form or other response under 876 IAC Chapter 4, and serve it on the claimant, within 20 days of receipt of claimant's Original Notice & Petition Concerning Independent Medical Examination.
- The employer/insurance carrier or an attorney representing the employer/insurance carrier uses this form to consent to pay for the reasonable expenses of the examination requested in the claimant's Petition or to refuse to pay expenses for the requested examination.
- The information provided in this case will be open for public inspection under Iowa Code section 22.1.

Adobe Acrobat Reader

- You must use Adobe Acrobat Reader to complete Iowa Division of Workers' Compensation (DWC) forms electronically. Other PDF readers might not render the forms correctly.
- You can get Adobe Acrobat Reader for free at <https://get.adobe.com/reader/>.

Instructions

1. Download the form at:

<https://www.iowaworkcomp.gov/answer-concerning-independent-medical-examination-%E2%80%94-form-100a-14-0007a>

Complete the form by typing the information into the fill-able fields on the PDF or by printing the form and handwriting in print the information on the printed form.

2. Complete the caption by providing in the corresponding blank the:

- Name of the claimant
- Name of the employer
- Name of any insurance carrier
- Name(s) of any other defendant(s)
- Any agency file number(s)

NOTE: In some cases, there is not an insurance carrier (e.g., when the employer is self-insured) or any other defendant(s).

3. Complete the Petition by filling out paragraphs 1 through 8.
4. Provide your information.

- If you are an attorney representing the claimant, provide your information under “Signature of Attorney for Claimant.”
 - If you are a self-represented claimant, provide your information under “Signature of Self-Represented Claimant.”
5. Sign the form (Rule 876 IAC 4.11).
 - If you are an attorney representing the claimant, sign on the “Signature of Attorney for Claimant” line.
 - If you are a self-represented claimant, sign on the “Signature of Self-Represented Claimant” line.
 6. Attach the physician’s report which supports the Petition.
 7. Deliver a completed copy of the form to the employer by certified mail, return receipt requested, or by personal service as in civil actions (Rule 876 IAC 4.7) and mail a copy to the employer’s attorney of record for this file, if known (Rule 876 IAC 4.13).
 8. Complete the proof of service portion on the original of this form and file the completed form.

Mandatory eFiling

- The DWC is implementing mandatory electronic filing (eFiling) on the Workers' Compensation Electronic System (WCES) in contested case proceedings effective July 22, 2019.
- You must eFile on WCES documents, such as this completed form, unless the DWC has granted you an eFiling exception.
- For more information about eFiling on WCES, go to www.IowaWorkComp.gov.