rossrehabilitation pc

EXAMINEE NAME:

In order to provide you with the best possible experience and service, Ross Rehabilitation, PC has implemented the following procedures and policies for Independent Medical Evaluations. Please note that Dr. Ross/Ross Rehabilitation, PC reserves the right to decline any cases at her sole discretion.

Scheduling

1. **Please Contact Louise** @ 341-0000 or via fax: 341-1495 or via email: rossrehab@comcast.net to request IME scheduling paperwork.

2. Once all the scheduling forms are received, Louise will call the **contact person(s)** indicated on the scheduling forms to set up an appointment for the examinee.

3. Three business days (3) following confirmation of the appointment date for the IME, a ***non-refundable*** deposit fee ($2,500 + NMGRT) is due in full.

4. **Medical records** should be sent to Dr. Ross' office as soon as possible to facilitate the evaluation. Records must be received no later than 14 calendar days before the scheduled appointment.

5. Please note that the non-refundable deposit will cover all fees pertaining to claimant no-shows and cancellations. You will not be charged an additional fee. However, please also note that the deposit fee will NOT be applied to appointments rescheduled for a later date.

6. If an examinee is a no-show or if any party (for any reason) cancels or requests postponement of the IME appointment, the deposit for the IME will not be refunded or applied to future appointments or services.

7. Please note that a no-show appointment is considered to be one in which an examinee fails to report for their appointment *date and time*. This means that an examinee who arrives on the correct date but incorrect time may be considered a no-show. Please make sure the examinee arrives on time for their appointment as we have responsibilities to the rest of our clinic and patients.

Reports

1. Ross Rehabilitation will deliver the IME report to all parties indicated on the scheduling form.

2. The results of an IME will not be discussed directly with the examinee unless a new and/or serious condition is discovered during the evaluation. Dr. Ross will not discuss the case with the examinee after the evaluation is completed.

Letter of Instruction/Joint Letter of Instruction

We welcome letters of instruction and request that such letters be sent at least 1-2 days before the examinee's scheduled appointment in order to be included in the IME report and to avoid the necessity of a supplement report and associated fees.

7301 jefferson ne • suite e • albuquerque nm 87109
tel 505.341.0000 email rossrehab@comcast.net fax 505.341.1495
www.rossrehabilitation.com

Interpreters and/or Assistance
If the claimant/examinee/client does not speak and read English at least at a 6th grade level, YOU ARE RESPONSIBLE for arranging for an interpreter and/or appropriate assistance for the examinee during evaluation including intake form completion and examination process. In the event that an examinee arrives for their appointment without necessary assistance and/or interpretation services the visit will be treated as a no-show –the examinee will not be seen and your deposit fee will be forfeited.

Medical Records and Radiographic Studies
It is the responsibility of the referring party to obtain, copy and deliver all available pertinent medical records to Ross Rehabilitation PC **NO LATER THAN 14 calendar days** before the examinee's scheduled appointment. If records are sent later than this and need to be addressed, this will be done via supplemental report, which will result in additional charges to the referring party. Please avoid this by sending all records within the 14-day time frame.

Billing/Deposits

1. Since cases vary in complexity and volume of medical records, billing is completed on a case-by-case basis and thus it is not possible to provide an exact cost for requested evaluation at the time of appointment scheduling.
2. The **Deposit fee of $2,500 (+NMGRT)** is due 3 business days after appointment confirmation and will be applied to the total cost of the IME. MAKE CHECK PAYABLE TO:

   Ross Rehabilitation PC
   7301 Jefferson NE
   Suite E
   Albuquerque, NM 87109

3. All billed amounts above and beyond the deposit fee are payable and due in full within 30 days of receipt of the IME report/invoice.
4. In some cases, Ross Rehabilitation PC can, at its sole discretion, hold a report until the balance owed is paid in full.

Supplemental Services
Supplemental work is defined as any work completed by Dr. Ross after completion of the initial evaluation. Such services include but are not limited to: review of medical records, review of medical billing, review of radiographic studies, response to questions not originally requested during the initial evaluation by referring party (parties), attorney conference/phone calls, review of medical literature, review of depositions, and review of other health care provider reports.

Fees:
The fee for supplemental work will be billed at a rate of $750/hour +NMGRT.

By signing below, I acknowledge that I have read, understand and agree to the policies and procedures set forth above by Ross Rehabilitation PC.

_____ _____
Signature of Responsible/Billing Party Date

_____
(Print Name)

rossrehabilitation pc

Independent Medical Examination
Request Form

REFERRING PARTY INFORMATION

Full Name:_____ Phone:_____

Company:_____

IT IS THE RESPONSIBILITY OF THE REFERRING PARTY TO NOTIFY ALL PARTIES CONCERNED

Report will automatically be sent to referring party.

EXAMINEE DEMOGRAPHICS

Name: First:_____ MI:____ Last: _____
Mailing Address:_____
_____
SSN:_____ Date of Birth:_____ Date of Injury:_____
Contact Phone:_____
Employer:_____

Does the Examinee speak and read English at 6th grade level or higher? ☐ YES ☐ NO
(If no, it is your responsibility to arrange for an interpreter or appropriate assistance during the IME examination).

BILLING PARTY INFORMATION

Please make all checks payable to Ross Rehabilitation, PC

Company: _____
Contact Name : _____
Claim Number: _____
Billing Address: _____
_____
Phone #: _____ Fax#: _____
Email Address: _____

PLAINTIFF ATTORNEY INFORMATION

Name: _____
Law Firm: _____
Mailing Address: _____
Phone #: _____ Fax#: _____
Email: _____
Report to be forwarded to *Plaintiff* attorney? ☐ YES ☐ NO *(if question is left unanswered, a report will NOT be sent)*

DEFENSE ATTORNEY INFORMATION

Name: _____
Law Firm: _____
Mailing Address: _____
Phone #: _____ Fax#: _____
Email: _____
Report to be forwarded to *Defense* attorney? ☐ YES ☐ NO *(if question is left unanswered, a report will NOT be sent)*

tel 505.341.0000
7301 jefferson ne • suite e • albuquerque nm 87109
email rossrehab@comcast.net
www.rossrehabilitation.com
fax 505.341.1495

Desired due date for requested report (from date of examination): _____

In general, IME reports are available within 3 weeks and Impairment Rating reports within 2 weeks of examinee's evaluation.

I acknowledge that I have carefully read and understand the following conditions to this requested evaluation:

1. Medical records must be delivered to Ross Rehabilitation, PC no less than 14 business days prior to appointment.
2. A non-refundable deposit fee is due 3 business days after the confirmed scheduled appointment. For IME's the deposit fee is $2,500 plus NMGRT. Please note that this fee will not be refunded or applied to appointments that are cancelled and then rescheduled for a different date. Therefore, please make sure the client is available for the appointment date/time before appointment confirmation. Note that the deposit fee will also NOT be refunded if the client "no-shows" for the scheduled appointment for any reason.
3. Appointments will be cancelled if the payment is not received within this 3-day time frame.
4. It is the responsibility of the referring party to notify all other concerned parties (including the examinee) of the scheduled examination date and time.

_____ _____

Signature of Responsible/Billing Party Date

_____

(Print Name)

rossrehabilitation pc

Examinee Name:

In order to appropriately schedule and prepare for this evaluation, please answer the following questions pertaining to your case.

1. **Please select all body parts involved in this case. Please note right/left/bilateral when appropriate.**

☐ Head/Face			
☐ Neck/Cervical spine			
☐ Mid back/Thoracic spine			
☐ Low back/Lumbar-sacral spine			
☐ Shoulder	☐ Right	☐ Left	☐ Both
☐ Elbow	☐ Right	☐ Left	☐ Both
☐ Wrist	☐ Right	☐ Left	☐ Both
☐ Hands/Fingers	☐ Right	☐ Left	☐ Both
☐ Hip	☐ Right	☐ Left	☐ Both
☐ Knee	☐ Right	☐ Left	☐ Both
☐ Ankle	☐ Right	☐ Left	☐ Both
☐ Foot/Toes	☐ Right	☐ Left	☐ Both

Other: _____

2. **Volume of Records**
   a. Please give measurement in either inches or number of pages:_____
   b. Approximately how many special radiographic studies are available for review? (e.g.. CT scans, MRI scans, Bone scans, X-rays, etc.) _____

3. **What issues are being requested to address as part of this IME?**
   a. Please ***send a letter of instruction or joint letter of instruction*** with specific queries and requests. Please note that any letters of instruction or joint letter of instruction from referring parties must be received at least 2 days prior to examinee's appointment in order to be addressed in the initial report and to avoid supplemental report fees.
   b. If an impairment rating is being requested as part of this evaluation, please note that it will be completed using the current 6th edition AMA Guides to the Evaluation of Permanent Impairment ***UNLESS YOU SPECIFY OTHERWISE in a letter of instruction.***

_____ _____ _____

Signature of Responsible/Billing Party **Print Name** **Date**

7301 jefferson ne • suite e • albuquerque nm 87109
tel 505.341.0000 fax 505.341.1495

Examinee Name:

Supplemental Services
Supplemental work is defined as any work performed by Dr. Ross after completion of the initial evaluation.

Such services include, but are not limited to:

Review of medical records, review of medical billing, review of radiographic studies, response to questions not originally requested during the initial evaluation by referring party (parties), attorney conference/phone calls, review of medical literature, review of depositions, and review of other health care provider reports.

Supplemental work will be completed when the balance for the original IME has been paid in full.

Fees:
The fee for supplemental work will be billed at a rate of $750/hour +NMGRT.

At the sole discretion of Ross Rehabilitation PC, the fee for supplement work may be required before report delivery.

By signing below, I acknowledge that I have read, understand and agree to the supplemental services polices set forth above by Ross Rehabilitation, PC.

_____ _____
Signature of Responsible/Billing Party Date

_____
(Print Name)

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