

## 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 6<sup>th</sup> 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)*

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 NMGR. 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)