

**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](mailto: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.

**Interpreters and/or Assistance**

If the claimant/examinee/client does not speak and read English at least at a 6<sup>th</sup> 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)