

OFFICE POLICY REGARDING IME AND SECOND OPINIONS

Patient's Name _____ Date of IME _____

INSTRUCTIONS FOR SCHEDULING

All independent medical evaluations and second opinions must be scheduled:

- At least 2 weeks in advance.
- Scheduled evaluations will be conducted on Thursdays starting at 11:00 and subsequent evaluations will be done hourly after that on Thursday afternoon.
- Please check with the Physician's Assistant prior to scheduling.

FEE STRUCTURES

- Average cases will be billed at a rate of \$1,500. This will include all medical record review, x-ray review, consultation, evaluation and examination of the patient, contact communication with case manager, adjuster of employer and preparation of the final report.
- IME's of a less complicated nature will be charged at a rate of \$1,000.
- IME's of an extremely complicated nature will be charged at a rate that will be estimated based on the record review.
- IME's be paid in full prior to exam visit.
- No IME or second opinion will begin until all fees have been paid.
- Patient no show will be billed at a rate of \$1,500.

CANCELLATION

- Within 7 days of the scheduled dates
 - will result in forfeiture of one half of the estimated fee.
 - any IME rescheduled within that 7 day period will result in forfeiture of the fee.
- Those canceled more than 7 days prior will be refunded completely. The fee structure for the independent medical exam is as follows:

FOR SCHEDULING AN IME

- The Columbus Orthopaedic IME order form must be filled out, the records sent fee will be paid.
 - The examination requirements including the questions that the requesting party would like to have answered must be sent with the medical records and material for medical review.
 - Once this is scheduled, the physician will evaluate this material and give an approximate complexity of the exam thus setting the fee for the exam at the time. Any change in the complexity of the exam will result in the fee being lowered or possibly raised based on the overall end complexity of the case.
- Any changes beyond those detailed in this agreement will be billed following the IME and will be due within 30 days of the IME's completion. A report will be released only once all payment has been received in full.
- Written confirmation of this policy from your scheduling office is required 24 hours prior to the scheduled IME or second opinion This written confirmation shall include a signed copy of this document indicating acceptance of all terms set forth herein.

• I have read the above agreement and agree to honor the stated terms.

Name of Scheduling Office _____

Authorized Person Requesting Exam *printed name* _____

Signature of scheduling office _____ Date _____

Patient's Name _____ Date of IME _____

Please fax this form to: 662-327-0409 or email to clinic@columbusorthopaedic.com