

NEW MEXICO ORTHOPAEDICS

Medical/Legal Services Request Form

****Please be sure we have a complete copy of records in chronological order****

Patient Information

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Injury Information

Work Comp or Personal Injury: _____

Date of Injury: _____

Body Part(s) Affected: _____

Social Security No: _____

Physician(s) Requested: _____

(Patton, Ritchie, Cheng, Santos, Vichick, Babinski)

Service Requested: _____

(Single IME, Panel IME, 2nd Opinion, Record Review)

Defense Attorney Information

Name: _____

Company: _____

Phone #: _____ Fax #: _____

Email: _____

Adjuster Information

Name: _____

Company: _____

Claim No: _____

Phone #: _____ Fax #: _____

Plaintiff Attorney Information

Name: _____

Company: _____

Phone #: _____ Fax #: _____

Email: _____

Billing Party Information

Company: _____

Address: _____

Phone #: _____ Fax #: _____

Comments: _____

No Shows

In the event that the patient is a no show for his/her IME appointment, New Mexico Orthopaedic Associates (NMOA) will bill the responsible party for 60% of the proposed cost of the IME (above) and will require payment be received before the IME can be rescheduled. Impairments will be billed at the full amount of the cost of the evaluation.

Cancellations

Should the appointment be cancelled more than 48 hours before the evaluation, there will be no cancellation fees assessed and the patient can be rescheduled at no charge. If the appointment is cancelled *within* 48 hours of the evaluation, NMOA will bill the responsible party for 60% of the proposed cost of the IME and will require payment be received before the IME can be rescheduled. NMOA will bill the full cost of the impairment rating if cancelled within 48 hours of the scheduled appointment. NMOA will not accept cancellation requests from patients.