

This form must be signed, completed, and returned prior to the appointment. Fax to 251 410-3735. Failure to do so will result in the cancellation of the appointment.

To: _____ Appt Date: _____

Company: _____ Doctor: _____

Patient: _____ Claim/SSN: _____

Treatment of: _____ Date of Injury: _____

**1. _____ EVALUATION AND POSSIBLE TREATMENT- ACUTE INJURY
99201-99205**

- a. The Doctor will evaluate and recommend the best possible treatment suitable for the patient's speedy recovery. This may or may not require further treatment of the patient.
- b. Authorization letter on letterhead must be received prior to the appointment date. Please state in the cover letter whether or not we are authorized to take x-ray films at the appointment.

**2. _____ EVALUATION AND POSSIBLE TREATMENT-PANEL OF FOUR PHYSICIANS
99201-99205**

- a. The Doctor will evaluate and recommend the best possible treatment suitable for the patient's speedy recovery. This may not require further treatment of the patient.
- b. All pertinent medical records and x-rays from the date of the injury must be sent to our office at least 72 hours prior to the appointment time.
- c. Unless otherwise specified, x-rays or other diagnostic test may be preformed in order to complete the findings. These charges will be billed post appointment.
- d. If we do not have all the requested material, we will reschedule the appointment.
(Other codes as needed 99358 Record's review 99359 Records review additional 30 minutes)

**3. _____ SURGICAL OPINION/2ND OPINION
99205**

- a. Will consist of evaluation and report of the Doctor's opinion as to whether the patient's surgery, procedure or test is necessary.
- b. All pertinent medical records from the date of the injury must be sent to our office at least 72 hours prior to the appointment time.
- c. All x-rays studies actual films and reports should be sent prior to or must accompany the patient. (e.g.) Plain x-rays, CT scans, MRI, Myelogram, Bone Scan, Arthrogram, etc.
- d. Unless otherwise specified, x-rays or other diagnostic test may be preformed in order to complete the findings. These charges will be billed post appointment.
- e. If we do not have all the requested material, we will reschedule the appointment.
(Other codes, as needed: 99358 Record's review 99359 Records review additional 30 minutes)

**4. _____ INDEPENDENT MEDICAL EXAMINATION
99245**

- a. Will consist of evaluation and reports of the patient's present condition, subjective and objective findings, impression of the findings. Any specific questions addressed in the cover letter.
- b. All pertinent medical records for the date of the injury must be sent to our office at least 72 hours prior to the appointment.
- c. All X-rays studies actual films and reports should be sent prior to or must accompany the patient.
(e.g.) plain films, CT scans MRI, Myelogram, Bone Scan, and Arthrogram etc.
- d. Unless otherwise specified, x-rays or other diagnostic test may be preformed in order to complete the findings. These charges will be billed post appointment.
- e. If we do not have all requested material, we will reschedule the appointment.
(Other codes if needed 99358 Records review 99359 Records review additional 30 minutes 99354 additional one hour 99355 each additional 30 min

5. OFFICE CONSULTATION

99241

- a. A problem focused history
- b. A problem focused examination and straightforward medical decision making

6. OFFICE CONSULTATION

99242

- a. An expanded problem focused history
- b. An expanded problem focused examination and straightforward medical decision making

7. OFFICE CONSULTATION

99243

- a. A detailed history
- b. A detailed examination and medical decision making of low complexity

8. OFFICE CONSULTATION

99244

- a. A comprehensive history
- b. A comprehensive examination and medical decision making of moderate complexity

9. OFFICE CONSULTATION

99245

- a. A comprehensive history
- b. A comprehensive examination and medical decision making of high complexity.

Signature: _____

Print Signature: _____

Date: _____

ALL INDEPENDENT MEDICAL EXAMINATION REQUIRES PREPAYMENT OF \$750.00.

Should you have any questions concerning any of the above, please call the Worker's Compensation Department at 251 410-3600.

NOTE: ANY SERVICES PROVIDED TO THIS PATIENT WILL BE REIMBURSED UNDER ALABAMA FEE SCHEDULE.

PLEASE READ CAREFULLY THERE ARE NEW CHANGES

REV 03-22-2004