



Arthroscopic Surgery & Sports Medicine Center

Matthew P. France, MD

Fellow American Academy of Orthopaedic Surgeons • Arthroscopy Association of North America
Diplomate American Board of Orthopaedic Surgery • Fellowship Trained Shoulder and Knee Specialist

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~ Request for an IME Appointment ~

Please thoroughly read and complete this form - *this request cannot be processed without the below information*. After you are done please fax to our office at # 908-234-2070. We will send this form back to you as soon as possible with the next available IME appointment date & time. Please contact the office at 908-234-9800 regarding any questions or concerns. Thank you - Scheduling Office

| Adjustor Information: | Claimant Information: |
|------------------------------|---|
| Name: | Name: |
| Company & Address: | Phone #: |
| Phone #: | Claim #: |
| Fax #: | Date of injury: |
| | IME requested of: Shoulder <u>or</u> Knee Right side <u>or</u> Left side |
| | (IME's are for ONE (1) body part only !!) |

Financial Information: The initial cost of an IME is **\$850.00**. If the evaluation is cancelled within four days of the IME appointment or the claimant "no shows" (which includes arriving more than 15 minutes late) a cancellation fee of \$350.00 will be assessed to the insurance company. Lengthy &/or unorganized records will incur an additional preparation fee. This fee will be additional to the \$350.00 assessment for cancellations or "no-show's" noted above. Please have the file organized chronologically starting with the earliest date as the first document.

Scheduling Information: Which office is being requested? Bedminster Morristown First Availability
Will anyone from the insurance company be attending the IME? Yes No
May we discuss the results of the IME with the claimant? Yes No
May we take xrays, if needed? Yes or No (We do not interrupt IME's to obtain authorization)

Medical Record Information: Approximately how many pages is this medical file? _____

IME Appointment Protocol: *Please mark each line below to denote you have read and understand each statement.*
 _____ I understand the claimant must read, write and speak the English language or interpreter services will be supplied by our company. We understand the IME cannot be initiated if the claimant does not speak English and does not bring an interpreter with them.
 _____ The complete medical file must be received no later than 3 weeks prior to the IME, non-receipt automatically cancels the IME appointment.
 _____ The final report can take up to 2-3 weeks for completion.
 _____ The medical file should be sent to Dr. France's Bedminster office only. What date will the file be received by? _____
 _____ The medical file needs to be sent with a detailed letter outlining the reason for the IME and any specific questions you need addressed.
 _____ Addendums to the final IME report are an additional charge.
 _____ The claimant shall be considered a "no show" if he/she arrives more than 15 minutes late for the appointment.
 _____ We will perform an IME of the one anatomical site noted above. No other injuries will be examined or commented on in the dictation
 _____ We DO NOT perform permanency ratings or disability examinations.
 _____ The adjustor is responsible for informing the claimant to bring any diagnostic tests to the IME – actual films, not disks !!
 _____ DO NOT request an "IME with takeover". After receipt of the IME, if you should want Dr. France to take over please contact our office.

- Below for use of Arthroscopic Surgery & Sports Medicine Center only -

-IME Scheduled for _____ at _____ am / pm in the _____ office.

-Claimant needs to be at our office no later than _____ am / pm.

-IME automatically canceled if entire medical record is not received by: