



Regional
Brain & Spine
Expertise. Service. Integrity.

IME Billing Authorization Form

Clients Name: _____ D.O.B _____

Claim #: _____ Date of Injury: _____

Independent Medical Examination A one-time evaluation with rapid reporting including a complete neurological exam, a review of diagnostic testing, pertinent medical records, and pertinent diagnostic imaging studies. This report includes a diagnostic impression with reference to causation and whether maximum medical improvement has been achieved. Further, it includes recommendations regarding any additional necessary diagnostic studies and/or whether any additional treatment is likely to be beneficial.

- ⑩ *IME based on hourly rate of \$500, (billed time includes records review, exam prep time, examination, report preparation, report, verbal consultations).*
- ⑩ *A deposit of \$1,500 (for a minimum of 3 hours required) prior to scheduling, along with this completed/signed form and medical records.*
- ⑩ *Any time needed, in addition to the 3 hours, will be billed at our hourly rate of \$500.*
- ⑩ *Addendum reviews and additional reports will also be charged at \$500 per hour.*
- ⑩ *The \$1,500 deposit will be non-refundable for a cancellation notice less than 72 hours or if the client does not show.*
- ⑩ *Medical records are required prior to the appointment being scheduled. Records can be faxed to 573-339-0016 or mailed to the address below.*
- ⑩ *Clients must hand carry all films to the scheduled appointment.*
- ⑩ *IME reports will be sent out **AFTER** all service charges are paid in full.*

Please provide the following to facilitate the billing and payment process. Please issue and remit

payments to Regional Brain & Spine LLC

1723 Broadway Suite 410 Cape Girardeau, MO 63701

Tax ID 20-1953477

Charges should be sent to: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

State of Jurisdiction: _____ Injury location (ex:back, neck etc) _____

Adjuster Name/phone/fax: _____

Case Manager Name/phone/fax: _____

I authorize IME to be scheduled and performed on client listed above and agree to pay rates as listed. I understand that any billing concerns are to be addressed prior to the appointment by calling Regional Brain and Spine at 573-332-5635.

Signature of Authorizing Agent

Date

Printed Name of Agent