READ REPORTS
MEDICAL REVIEW SERVICES

INDEPENDENT MEDICAL EXAMINATION REQUEST

CLIENT INFORMATION		
CLIENT		
CONTACT		Internal Notes:
EMAIL		
PHONE		
FAX		
REQUEST DATE		

CLAIMANT INFORMATION	
CLAIMANT	
ADDRESS	
PHONE	
SS#	
DOB	
LANGUAGE	

CLAIM INFORMATION	
CARRIER	
TPA	
EMPLOYER	
CLAIM #	
DOA	
WCB #	
PULL FROM ECASE	
ACCEPTED SITES	
ALLEGED SITES	

PARTIES OF INTEREST (WHO YOU WANT US TO COPY ON THE IME PAPERWORK)	
CLAIMANT'S ATTORNEY	
TREATING PHYSICIAN	
TREATING PHYSICIAN	
TREATING PHYSICIAN	
TREATING PHYSICIAN	

SERVICE REQUESTS	TYPE OF CLAIM	SPECIALTY REQUESTED
☐IME ☐ADDENDUM ☐RECORD REVIEW ☐OTHER	☐ Workers' Compensation _____(state) ☐ OAI ☐ Fit For Duty ☐ No Fault ☐ Liability ☐ Other	

CLAIMANT :	REQUEST DATE:

ISSUES TO BE ADDRESSED – CHECK ALL THAT APPLY

- ☐ DETAILED PAST HISTORY
- ☐ DETAILED ACCIDENT HISTORY
- ☐ DETAILED TREATMENT HISTORY
- ☐ DETAILED WORK HISTORY
- ☐ CAUSAL RELATION
- ☐ DIAGNOSIS
- ☐ PROGNOSIS
- ☐ SUBJECTIVE/OBJECTIVE
- ☐ WORK STATUS
- ☐ RETURN TO WORK
- ☐ DEGREE OF DISABILITY
- ☐ RESTRICTIONS/CAPABILITIES
- ☐ EPC FORM
- ☐ STATUS QUO ANTE
- ☐ MMI
- ☐ SLU/PERMANENCY
- ☐ NEED FOR TREATMENT
- ☐ REASONABLE, NECESSARY & RELATED
- ☐ DIAGNOSTIC TESTING
- ☐ SURGERY
- ☐ DURABLE MEDICAL EQUIP
- ☐ PHARMACEUTICALS
- ☐ NAP MTG QUESTIONS
- ☐ C4-AUTH
- ☐ MG-2
- ☐ APPORTIONMENT
- ☐ DEADLINE
- ☐ SEND CARRIER QUESTIONNAIRE WITH IME-5
- ☐ OTHER

SUMMARY OF CLAIM