

READ REPORTS MEDICAL REVIEW SERVICES

INDEPENDENT MEDICAL EXAMINATION REQUEST

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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