

CONFIRMATION OF MEDICAL-LEGAL APPOINTMENT

Date:

Dear Parties:

Thank you for scheduling the following appointment:

Applicant Name: _____

Date & Time of Appointment: _____

Location: _____

We ask that you forward copies only of the medical records at least 2 weeks prior to the scheduled appointment, as the records are promptly destroyed after the doctor has finished reviewing them. Please be sure to include all claim forms and Applications for Adjudication of Claim. Please be advised that for failed appointments or appointments canceled with less than 5 days notice, there will be a \$250 fee.

Please make all necessary arrangements if an interpreter will be required for the evaluation. If the appointment has to be rescheduled due to failure to arrange for an interpreter, there will be a fee of \$250. Please advise the applicant that these evaluations are a lengthy process. We ask that patients do not bring children to the appointment. Parking is located directly beneath the building at no charge.

It should also be noted, should the doctor's deposition be required, it will be conducted at our offices with payment in advance of the deposition as is the custom and practice in the Workers' Compensation community. Again, we thank you for your continued confidence in our office.

Sincerely,

cc:

Claims administrator
Defense attorney
Applicant attorney

Confirmation of Medical-Legal appointment

Proof of Service

I declare:

I am over the age of 18 years and not a party to the within action. My business address is 9999 Medical Way, Suite 111, Los Angeles, California 99999.

On this date, I served the Confirmation of Medical-Legal Appointment dated _____.

- By placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid with the US Postal Service at 9999 Medical Way, Suite 111, Los Angeles, California addressed as follows:
- By facsimile transmission from (999) 999-9999 on the following parties. The report was reported as complete and without error.

Claims administrator
Address

Defense attorney
Address

Applicant attorney
Address

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. This declaration is executed in the county of Orange, California on _____.

Signature