

Date:

To: Claims administrator

Fax:

To: Defense Attorney

Fax:

RE: Patient Name

Claim #:

We have received the extensive medical records on the above noted patient. Dr. QME has determined that this evaluation will require extraordinary circumstances due to the voluminous amount of medical records that have been submitted for review. Therefore, Dr. QME is requesting an agreement from the claims administrator or their authorized agent to bill this evaluation as ML104 prior to performing these services. This request is made pursuant to Title 8, California Code of Regulations §9795 under ML104 (3) *A comprehensive medical-legal evaluation for which the physician and the parties agree, prior to the evaluation, that the evaluation involves extraordinary circumstances.*

If you are in agreement, please sign the bottom of this form and fax to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title