

MED-LEGAL INTAKE

Type of Appt:	AME	P/QME	IME
Source of referral: Name:	_____		From: _____ Phone: _____
<u>Applicant Name:</u>	(Last Name, First Name Middle and AKA)		
<u>Applicant Phone:</u>	Male	Female	<u>DOB:</u> _____ <u>SSN:</u> _____
<u>Applicant Address:</u>	_____		
1. DOI:	Claim No:	Body Parts:	Accepted or Denied?
_____	_____	_____	_____
2. DOI:	Claim No:	Body Parts:	Accepted or Denied?
_____	_____	_____	_____
<u>Claims Administrator:</u>			
<u>Billing Address:</u>			

<u>Adj Name:</u>	<u>Adj. Phone:</u>		_____
<u>Adj. eMail:</u>	<u>Adj: Fax:</u>		_____
<u>Employer:</u>			

<u>Def Atty Name:</u>			
<u>Address:</u>			

<u>Def Atty Phone:</u>	<u>Def Atty Fax:</u>		_____
<u>App Atty Name:</u>			
<u>Address:</u>			

<u>App Atty Phone:</u>	<u>App Atty Fax:</u>		_____
<u>Re-evaluation?</u>	YES	NO	<u>If YES, date of last evaluation:</u>
_____	_____	_____	_____
<u>Interpreter Needed?</u>	YES	NO	<u>Language:</u>
_____	_____	_____	_____
Advise caller send records 2 weeks prior to appt.			
Advise caller of failed appt policy			
Advise caller not to send original records as they are destroyed			
<u>Appointment date:</u> _____ <u>Check-in time:</u> _____			
