



Independent Medical Evaluations, Inc.

211 Beaumont Place, Traverse City, MI 49684

For clarification, call: **(800) 968-4637**

FAX - (231) 929-4356

SERVICE INTAKE FORM

BILL TO COMPANY

Company Name:

Contact:

Email:

Street:

City:

Zip Code:

Claim State:

Travel - How Far?

Notification Letter: Yes No

Testing: Yes No Call

Phone:

Extension

Fax:

PO Box:

State:

Litigated: Yes No

Medical Records # of Inches

How Soon Evaluation Needed:

Verbal: Yes No

REHABILITATION DEFENSE ATTORNEY

Company Name:

Street

City:

Zip Code:

Fax:

Contact:

Email:

PO Box

State:

Phone:

Extension:

Notification Cite Letter: Yes No

Testing: Yes No

Verbal: Yes No

Phone Consultation: Yes No

How Soon is Evaluation Needed:

State Claims are Handled:

Travel - How Far?

Litigated: Yes No

Trial Date:

Amount of Medical Records:

CLAIMANT INFORMATION

Name:

Street

PO Box:

City:

D.O.B.

D.O.I.

State Claim Occurred:

SS #:

State:	<input type="text"/> State <input type="button" value="v"/>	Claim #:	<input type="text"/>
Zip Code:	<input type="text"/>	Employer:	<input type="text"/>
Phone:	<input type="text"/>		
Treating Doctors:	<input type="text"/>	Type of Claim:	<input type="text"/>
Notification Cite Letter:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chief Complaints:	<input type="text"/>
Type of Services:	<input type="text"/>	Dr Specialty Needed:	<input type="text"/>
AMA Guidelines	<input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th		
Additional Info Needed:	<input type="text"/>	Any Forms that need to be filled out:	<input type="text"/>

OTHER PLAINTIFF/3RD PARTY INFORMATION

Company:	<input type="text"/>	Phone:	<input type="text"/>
Contact Person:	<input type="text"/>	Extension:	<input type="text"/>
Street	<input type="text"/>	Fax:	<input type="text"/>
PO Box	<input type="text"/>	Email:	<input type="text"/>
City	<input type="text"/>	Notification Cite Letter:	<input type="checkbox"/> Yes <input type="checkbox"/> No
State:	State <input type="button" value="v"/>		
Zip Code:	<input type="text"/>		
Comments:	<input type="text"/>		