

## **SPECIAL EXAM PROTOCOL**

**Special Exams = \$2,500.00 Pre-Pay**

- Medical Records in excess of one inch will be invoiced at \$125.00 per inch thereafter.
- No Show / Late Cancellation Fee- \$250.00

- Enclosed is the OrthoCarolina Special Exam Form.
- Please complete, sign and send to the Special Exam Coordinators.
- Please provide a cover letter outlining the specific concerns to be addressed during the exam.
  - Please submit Medical records in the following order: *(If the documents are not in order, the request will be returned and not accepted).*
  - Operative Notes
  - Diagnostic Test Results/Procedure Notes
  - Clinical Notes to include OrthoCarolina notes only pertaining to the specific body part to be evaluated *(Notes should be separated by provider and in descending order with the most recent visit to the oldest)*
  - Urgent Care, Occupational Medicine and ED/ER Notes
  - FCE, Prior IME/CSO's and miscellaneous results with medical significance pertaining to the exam
  - **Documents Not Required:** Attorney Correspondence, PT /OT Notes, Nursing phone call logs, HCFA Bills or work status notes. Please eliminate all duplicate copies. Flash drives and CDs are not accepted.
  - Medical Records must be sent via email to [special.exams@orthocarolina.com](mailto:special.exams@orthocarolina.com)

### **Procedure:**

- The Special Exam request will be sent to Physician for review/consideration
- Invoice will be submitted to requesting party for the pre-payment.
- After receipt of the Physician's consideration and after receipt of the pre-payment an appointment will be scheduled accordingly.
- The Special Exam process timeframe can vary dependent upon request sent in the correct order (listed above), provider response, and/or receipt of pre-payment.

**Special Exam Coordinator: Tele # 704-323-2317**

**Email Address: [special.exams@orthocarolina.com](mailto:special.exams@orthocarolina.com)**

## WORKERS' COMPENSATION SPECIAL EXAM INFORMATION FORM

IME: This is an Independent Medical Evaluation

CSO: This is a Comprehensive Second Opinion

On the above, there will be no diagnostic tests performed unless the MD requires them to complete his/her evaluation. These are one-time evaluations only.

CSO WITH TRANSFER OF CARE (The requesting party authorizes total and complete transfer of care.)

All evaluations consist of review of all medical records, x-rays, and any other diagnostic studies.

**PATIENT INFORMATION:**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**EMPLOYER INFORMATION:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BILLING INFORMATION:**

PARTY SCHEDULING: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 SCHEDULING PARTY'S E-MAIL: \_\_\_\_\_  
 BILL TO \_\_\_\_\_  
 ADJUSTER: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 ADJUSTER'S E-MAIL: \_\_\_\_\_  
 CARRIER ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 JURISDICTION: \_\_\_\_\_ CLAIM NO. \_\_\_\_\_ DATE OF INJRY: \_\_\_\_\_  
 BODY PART(S) TO BE EVALUATED: \_\_\_\_\_  
 DATE: \_\_\_\_\_ SPECIFY REQUESTED PROVIDER: \_\_\_\_\_

**By signing this Form below, you are providing approval for OrthoCarolina to conduct the following services: (EXCEPTION: IME / CSO)**

<p><b>Consultation</b>  <b>Treatment</b>  <b>Labs</b>  <b>X-ray</b>  <b>CT Scans- (Hand Center / Foot and Ankle Center) SAME DAY CT</b>  <b>SCANS</b></p>	<p style="text-align: center;"><b><u>Hand Surgeon Request:</u></b></p> <p>Occupational Therapy, Physical Therapy, and DME provided at OrthoCarolina.                  ** If utilizing an outside facility, please provide the Hand Therapist's name for O.C. Hand Surgeon agreement</p>
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<p><b>Authorizing Party:</b> _____</p>	<p><b>Date:</b> _____</p>
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<b>ORTHOCAROLINA USE ONLY</b>		
DATE RECEIVED: _____	MRN: _____	PHYSICIAN REQUESTED: _____
APPT DATE/LOCATION: _____		

**OrthoCarolina - Workers' Compensation Department**  
 Email: [special.exams@orthocarolina.com](mailto:special.exams@orthocarolina.com)

## OUT-OF-STATE WORKERS' COMPENSATION LETTER OF AGREEMENT


**PLEASE READ CAREFULLY AND SIGN THE APPROPRIATE SECTIONS**

**The requesting party agrees to pay North Carolina's Industrial Commission (NCIC) Fee Schedule for all billed charges net 60 days and accept the NC Industrial Commission (NCIC) Rating Guidelines.**

Patient Name:	Date of Birth:
Injured Body Part:	Date of Injury:
WC Claim #:	Jurisdiction:
Employer:	Employer Phone #:
Address:	
Case Manager Name: please circle (Telephonic/Field)	Phone#:
Email Address:	Fax #:
WC Insurance Carrier:	Phone#:
Adjuster Name:	Fax #:
Email Address:	

**By signing: The Insurance Carrier/ Adjuster are in agreement to the North Carolina's Industrial Commission (NCIC) Fee Schedule for all billed charges net 60 days / NCIC rating guidelines.**

**Carriers Signature:**

	Date:
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*OrthoCarolina - Workers' Compensation Department*

*Email: [special.exams@orthocarolina.com](mailto:special.exams@orthocarolina.com)*

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>OrthoCarolina, PA</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>P.O. Box 117444</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Atlanta, GA 30368-7444</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
5	6		1	0	9	3	7	2	2

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Julia L Bingham</i>	Date ▶ <i>5/22/20</i>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.*