OrthoCarolina

SPECIAL EXAM PROTOCOL

FEES:

Special Exams = $2,500.00 Pre-Pay (this includes the $250.00 non-refundable initiation fee)

• Medical Records more than one inch will be invoiced at $125.00 per inch thereafter.

• No Show / Late Cancellation Fee- $250.00

REQUIRED DOCUMENTATION:

(Please follow the requirements below to ensure request will be accepted and completed timely

- The enclosed OrthoCarolina Special Exam Form
- A cover letter and/or questionaries outlining the specific concerns to be addressed- **must be received prior to appointment.**
- Medical Records in the following order: (One attachment **ONLY)**
  1. Operative Notes- if applicable
  2. Diagnostic Test Results/Procedure Notes
  3. Clinical Notes
     - **Placed in ascending order (current to oldest dates of services) includes OrthoCarolina office visits**
     - 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 call logs, HCFA Bills, Fax Cover Sheets, Immunization Records, Work Status Notes, Provider Scribble Sheets, ED After-Care/Discharge Instructions for Patient, Electronic Orders, Medication Orders/Lists, Insurance Reports, Patient Education Sheets. **Please eliminate all duplicate copies.**

- Medical Records must be sent via email to **special.exams@orthocarolina.com**
  - *Cannot accept USB drives*

SPECIAL EXAM PROCESS:

- ☐ Special Exam Appointment Request received.
- ☐ Forward Special Exam Packet for Physician review/consideration.
- ☐ Invoice submitted for pre-payment.
- ☐ Provider agrees/declines and prepay received appointment can be scheduled

PLEASE NOTE: *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.*

CONTACT INFORMATION:

Special Exam Coordinator: Tele # 704-323-2317

Email Address: special.exams@orthocarolina.com

Revised 03/2025

OrthoCarolina

Workers' Compensation Special Exam Form

☐ **IME**- Independent Medical Evaluation

☐ **CSO WITHOUT TRANSFER OF CARE**- one time evaluations only

☐ **CSO WITH TRANSFER OF CARE**- this authorizes complete transfer of patient care

Patient Name:	**Date of Birth:**
Preferred Language:	☐ Male ☐ Female
Patient Mailing Address: Street #, City, State	**Phone #**
Patient Email Address:	**Date of Injury:**
Social Security #:	**Injured Body Part :** ☐ Right ☐ Left ☐ Bilateral
Employer:	**Occupation: Required**
Employer Address:	**Phone#:**
Has this patient received treatment? ***If yes, indicate where, records must be provided***	**Has surgery occurred for this injury?** ☐ Yes ☐ No
Please advise if patient has had any of the following: Check all that apply- ***If yes, reports are required.*** **X-rays** ☐ **CT** ☐ **MRI** ☐	
Case Manager Name: ☐ **Telephonic** ☐ **Field**	**Phone #:**
Email Address:	**Fax #:**
WC Insurance Carrier:	**WC Claim #:**
Billing Address:	**Jurisdiction:**
Bill Review Company:	**Telephone/Email Address:**
Adjuster Name:	**Email Address:**
Phone #:	**Fax #:**
Specify Practitioner and/or Location:	

By signing, you are providing approval for OrthoCarolina to:

Consultation **Treatment** **Labs** **X-ray** **EMG/NCS** *(location exceptions Hickory, Laurinburg)* **CT scans-***(Hand Center / Foot and Ankle Center) SAME DAY CT SCANS- will be scheduled same day as follow up appointment*	PT | SOLUTIONS® PHYSICAL THERAPY Preferred therapy provider of OrthoCarolina All Custom Splint/Braces- will be completed by PT Solutions as part of patient Post Operative Care

Preferred Vendor Section:

Will Ancillary Services be approved through OrthoCarolina? *MRI / POST SURGICAL DME*

☐ Yes ☐ No (if no please indicate preferred vendor):

Adjuster, Nurse Case Manager, or Employer: Print and Sign name

SIGN HERE	

OrthoCarolina - Workers' Compensation Department

Email: special.exams@orthocarolina.com

Revised 03/2025

OrthoCarolina

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 #:**

By signing: The Insurance Carrier / Adjuster agree 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

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

OrthoCarolina, PA

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☑ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

PO Box 117444

6 City, state, and ZIP code

Atlanta, GA 30368-7444

Requester's name and address (optional)

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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							
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.

Sign Here | **Signature of U.S. person** Linda M Mohr | **Date** 1/22/25

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they