



NORTH AMERICAN CONSULTANTS, INC.

Neutral . Accessible . Committed

REQUEST FOR MEDICAL SERVICES

TYPE OF REPORT

See Reverse for Instructions & Price List

PHYSICIAN MEDICAL REVIEW _____ ☐

(INCLUDES PROVIDER SUMMARY BREAKDOWN)

ADDITIONAL SERVICES WITH PEER REVIEW:

+ BILL AUDIT (LINE BY LINE) (Addl fee) ☐

+ DIAG VS. TREATMENT BREAKDOWN (Addl fee) ☐

MEDICAL OPINION ONLY (no bills) _____ ☐

DESIGNATION ONLY (no bills) _____ ☐

FILM REVIEW RE-READ ONLY _____ ☐

LINE BY LINE BILL AUDIT (U&C ONLY) _____ ☐

NURSE REVIEW _____ ☐

BASIC NURSE REVIEW ☐

BASIC NURSE REVIEW WITH PAID V. INCURRED CHART ☐

COMPREHENSIVE NURSE REVIEW ☐

PROGRESSIVE OPTION ☐

INDEPENDENT MEDICAL EXAM _____ ☐

COMBO (IME EXAM & MEDICAL REVIEW) ☐

ENGINEERING SERVICES _____ ☐

BIO MECHANICAL - LOW IMPACT STUDY ☐

ACCIDENT RECONSTRUCTION ☐

ENGINEER ANALYSIS ONLY ☐

RECORD RETRIEVAL SERVICE _____ ☐

MEDICAL FILE SUMMARY _____ ☐

AFFIDAVIT SERVICES _____ ☐

MEDICAL NECESSITY (PEER REVIEW REQ) ☐

COST OF SERVICES (U&C REQUIRED) ☐

MD COST AFFIDAVIT (PEER REQUIRED) ☐

DC COST AFFIDAVIT (PEER REQUIRED) ☐

DWQ RECORD SERVICE _____ ☐

DEPOSITION CONCIERGE SERVICE _____ ☐

DEPOSITION/TRIAL SCHEDULING ☐

TELEPHONE CONFERENCE SCHEDULING ☐

NAC CONFERENCE ROOM SCHEDULING ☐

DATE OF REQUEST: _____

REQUESTED BY: _____

COMPANY NAME: _____

CITY, STATE: _____

PHONE #: _____

ACCT #: _____

E-MAIL ADDRESS: _____

CLAIMANT'S NAME: _____

INSURED NAME: _____

CLAIM # _____ DOI: _____

SPECIAL INSTRUCTIONS:

If you prefer a physician in a specific location or state, please indicate here:

Return Report No Later Than: _____

By assigning this case to us, you have asked us to act as your agent to, among other things, select a physician on your behalf to complete the requested service. As your agents, you have expressly authorized us, as well as the Physician selected at your request, to Review any and all medical or other information relating to the insured's and/or third party claim, including, but not necessarily limited to the insured's and/or third party medical records, medical bills and/or other individual health information.

OFFICE USE ONLY

METHOD OF ORDERING

NAC _____

PROVIDER: _____ EM P/U BUSINESS CODE: _____ TAX _____

AMOUNT BILLED: _____ FAX MAIL SALES PRICE: _____ MISC _____

DOS. _____ FIELD REP _____ PAY _____ TOTAL _____

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www.NorthAmericanConsultants.com