



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 _____

P. O. Box 6439, Kingwood, Texas 77325-6439 Phone: (281) 358-4007 Fax: (281) 358-4263

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INSTRUCTIONS & PRICE ESTIMATES

1. PHYSICIAN MEDICAL REVIEW:

All medical reviews include the Physician's summary of the case, opinion and recommendations. The case also includes a breakdown, by provider, of medical necessity, causation, undocumented charges and usual & customary. All questions, concerns and comments are addressed when written on the request form under special instructions. Larger cases require more time and therefore, may be more expensive. A typical case is anywhere from 1 inch to 2 inches of records and bills. Prices may vary depending on size of the case file. If pricing exceeds the prices below, you will be notified in the form of a Special Pricing letter.

Chiropractic Reviews - Price varies between \$750 and \$1500; based on the size of the file the expert has to review and complication level.

MD Reviews - (Ortho & Neuro) - Price varies between \$1000 and \$3500; based on the size of the file the expert has to review and complication level.

MD Reviews - (All other specialties) - Price varies between \$1000 and \$2500+; based on the size of the file the expert has to review and complication level.

Medical Opinion Only (no bills) - Price varies between \$1000 and \$3500. Physician reviews the medical record for care and treatment of the claimant then gives an opinion and answers any specific questions. Actual billing is not reviewed or addressed in this report.

Designation Only - If you have an expert designation deadline but do not have all of the records, we have authority from numerous experts to designate them ahead of time. You must notify NAC prior to designating one of our experts. If we receive the case, the designation fee is waived. If the case settles with no peer review, the fee is **\$350**.

Film Review - Radiological re-read of films. Cost **\$650**, one body area. Each additional film, add **\$150** per area.

Jumbo Case - All medical reviews include Physician's opinions and breakdown of medical necessity, causation, undocumented charges and usual & customary. All questions, concerns and comments are addressed. When bills total more than \$50,000 and/or there are extensive records, our cost will vary. Also; in some instances we will not know expert fees until the review is completed. Whenever possible we will send notification when the invoice (or 2 invoices, doctor and NAC) will exceed \$2,500. Pre-approval from requestor will be obtained before handling, **when requested**.

Peer Review Reopen - \$750 if:

a) Our original report is less than eight (8) months old. After 8 months it is considered a full report.

b) The additional bills do not add up to more than \$3,000. Additional billing over \$3,000 will be considered a full report.

PLEASE NOTE: Our physicians are under contract and are required to testify on behalf of their handling of any report if requested. We require that all communication regarding deposition or testimony in conjunction with cases be coordinated through NAC for control purposes. Please contact: legal@northamericanconsultants.com

2. LINE BY LINE BILL AUDIT (USUAL & CUSTOMARY):

A physician does NOT review the bills or records for medical necessity or length of treatment. Charges are reviewed to determine if they are in line with current National Fee Guidelines. (U & C variances are completed by inside personnel using CPT fee guidelines)

Cost of Line By Line: **1 provider = \$160 - 2 to 5 providers = \$345 - 6+ providers are \$50 each additional provider.**

3. ENGINEERING SERVICES:

BioMechanical—Low Impact Study - A 3-part report. 1) Evaluation of the Delta V (Δv) & G Forces imparted to occupants involved in a minor impact with little or no visible damage. File consists of police report, damage appraisals & photos of both vehicles, all of which are admissible at trial. 2) A detailed Amplified Physicians Peer Review based on the records and Engineer's report. 3) A complete evaluation and summary report by a qualified Case Manager. **\$2,510 + cost of Peer review**

Accident Reconstruction - Physical inspection of vehicles and an accident scene Application of the Laws of Physics to determine initial vehicle speeds, vehicle direction and driver response. Engineer Report and Photos. **\$4,095 (travel fees extra)**

Engineer Analysis - Evaluation of the Delta V (Δv) & G Forces imparted to occupants involved in a minor impact with little or no visible damage. File consists of police report, damage appraisals & photos of both vehicles, all of which are admissible at trial. Flat rate - **\$1625**

4. DIAGNOSTIC V. TREATMENT - Services are reviewed and diagnostic versus treatment is separated. Can be utilized alone or in conjunction with a Physician Medical Review. Cost is **\$55** per provider.

5. INDEPENDENT MEDICAL EVALUATION (IME) - An independent physician will examine the claimant. Physician will be based on the specialty you indicate under special instructions on the front of this form. Cost - **\$1,050 + Doctor fee.** (Price maybe lower if North American can use one of our volume discount doctors)

Combo - Physician Peer Review and I.M.E. performed by the same physician with two separate reports. Cost **\$1365 + Doctor fees.**

6. RECORD RETRIEVAL - \$39 per hour plus **\$.25** per mile and any medical records fees charged by the providers.

7. ATTORNEY ASSISTED SERVICES-

Medical File Summary- Is the process of providing a detailed time line of a medical file. You will receive a detailed spreadsheet listing each date of service and the results of that visit. Price is based on **\$60** per hour. (min. 2 hrs)

Affidavits- We will generate and have executed by the appropriate Expert. Affidavits are faxed and/or emailed to you within 3 days of the Peer Review. Affidavit will be billed separate of Medical Peer Review unless you request they be combined when service request is made.

- **Medical Necessity Aff:** Follows Texas Civil Practice Code 18.001 for services not medically necessary. Medical Peer Review **must** be completed in order to execute this affidavit. **\$230 per affidavit.**

- **Cost of Services Aff:** Follows Texas Civil Practice Code 18.001 for fees above usual and customary. A line by line Bill Audit **must** be completed to execute this affidavit. **\$230 per affidavit.** Cost of Line By Line: **1 provider = \$160 - 2 to 5 providers = \$345 - 6+ providers are \$50 each additional provider.**

- **Physician Cost of Services Aff:** Follows Texas Civil Practice Code 18.001 for fees above usual and customary. A physician medical review **must** be completed to execute this affidavit. *See above for physician medical review pricing.* Cost of Affidavits: **1 provider = \$650 - 2 + providers = \$300 per additional affidavit**

DEPOSITION CONCIERGE SERVICES:

- **Deposition/Trial Scheduling:** Upon notification of impending deposition or trial, our Legal Coordinator will begin the coordination of scheduling. In addition to our Depo/Trial service, we can handle your scheduling matters with our experts connected to the case. **Fees start at \$240.**

Contact: legal@northamericanconsultants.com

DWQ: DWQ Record Service: Records requested by Subpoena Duces Tecum w/ Direct Questions, or by Affidavit of Records, with or without Medical Authorization. All fees for medical, billing or radiology record expenses will be passed along to the client in addition to NAC rates. Fees start at **\$100.**

8. NURSE REVIEWS-

Basic Nurse Review: Summarizes the file identifying any billing errors, obsolete codes, unusual codes and/or unrelated codes. The report gives the claims professional a basis by which to negotiate and settle their claim without the need for litigation. The report makes recommendations per ODG guidelines. Cost: **\$400**

Basic Nurse Review with Paid v. Incurred Chart: Applies the same applications as above but also includes a paid v. incurred chart. Cost: **Under 300 pages - \$450, Over 300 pages - \$675**

Comprehensive Nurse Review: Applies the same applications as a basic nurse review, but also includes a line by line audit for usual & customary fees in the geographical area. Cost: **\$500**

Progressive Option: Upon completion of the nurse review; if we feel the file needs a medical doctor review, it will be automatically submitted at our listed peer review prices. 36% of our nurse reviews have warranted a peer review. Cost: **\$500.**

RESEARCH FEE - A fee of \$ 90.00 per hour will be charged on any case wherein we are asked to locate/retain a physician in a particular area or State that we do not have.

ADMINISTRATIVE FEE: - A fee of \$ 240.00 applies to any case received in NAC's Home Office and canceled for any reason.

COPY FEE - Any case with records over 2" in height (or 500 pgs), will be charged a copy fee of \$.21 per page.