



NORTH AMERICAN CONSULTANTS, INC.

Neutral . Accessible . Committed

REQUEST FOR MEDICAL SERVICES

TYPE OF REPORT

See Reverse for Instructions & Price List

DATE OF REQUEST: _____

REQUESTED BY: _____

COMPANY NAME: _____

CITY, STATE: _____

PHONE # : _____

ACCT #: _____

E-MAIL ADDRESS: _____

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 SERVICE _____

BIO MECHANICAL - LOW IMPACT STUDY
ACCIDENT RECONSTRUCTION
ENGINEER ANALYSIS ONLY
SPECIAL ENGINEERING SERVICE

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

If the requestor is a legal defense attorney, the following is requested:

Company: _____

Adjuster's name: _____

Email address: _____

Billing address: _____

**NAC is unable to schedule expert for trial and/or deposition until payment for all past due invoices (and/or expert retainer fees) is fulfilled.*

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

www.NorthAmericanConsultants.com

*Revised 4/2018

INSTRUCTIONS & PRICE ESTIMATES

Physician Medical Review: All medical reviews include a summary of the case and the Expert's opinion and recommendations. The report also includes a breakdown of the billing by; provider, medical necessity, causation, undocumented charges and usual & customary. All questions, concerns and comments are addressed when written on the request form under special instructions.

Please note that prices may vary depending on the size of the case file in which the expert has to review.

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.

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 \$690, one body area. Each additional film, add \$150 per area.*

Jumbo Case: 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. When requested, pre-approval from requestor will be obtained before handling.

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.

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. (Usual and Customary variances are completed by inside personnel using CPT fee guidelines)

Cost of Line by Line: Each provider=\$150

Engineering Services:

Biomechanical Low Impact Study: A 3-part report which includes; 1) Evaluation of 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 accident scene. "Application of the Laws of Physics" is used to determine initial speeds of the vehicles, vehicle direction and driver response. Includes Engineer Report and Photographs. **Cost is \$4,095 (travel fees are 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. **Cost is a flat rate of \$1625**

Special Engineering Services: For any other case in which an Engineer's expertise outside the scope of auto engineering may be of service. Specialties include, but are not limited to; Structural & Civil, Fire, Electrical and Water. **Cost is \$1,050 + expert fee**

Diagnostic V. Treatment: Services are reviewed and charges for diagnostic versus treatment is separated. This report can be utilized alone or in conjunction with a Physician Medical Review. **Cost is \$55 per provider**

Independent Medical Evaluation (IME): An independent physician will examine the claimant. The physician will be based on the specialty you indicate under special instructions on the front of this form. **Cost is \$1,050 + Doctor fee**

Combo: Physician Peer Review and IME performed by the same physician with two separate reports. **Cost \$2,050 + Doctor fees**

Record Retrieval: \$39 per hour plus \$.35 per mile and any medical records fees charged by the providers.

Attorney Assisted Services:

Medical File Summary: This 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 affidavits 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 the service request is made.

Medical Necessity Aff: Follows Texas Civil Practice Code 18.001 for services that are not medically necessary. A physician medical 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. **\$350 per affidavit.** Completed by Billing Specialist.

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. **Cost of Affidavits: 1 provider = \$500, 2 + providers = \$225 per additional affidavit**

Deposition Concierge Services:

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

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**

DWQ Record Service: Records requested by Subpoena Duces Tecum with 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**

Nurse Reviews:

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

Basic Nurse Review with Paid v. Incurred Chart: This 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: This report 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 to be reviewed medical doctor review, it will be automatically submitted at our listed peer review prices. 36% of our nurse reviews have warranted a physician medical 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 \$.25 per page.