International Healthcare Consultants, Inc.

http://www.ihcatl.com

CONSULTATION REQUEST

(Please check service requested.)

SPECIALTY

- ☐ Allergist
- ☐ Cardiology
- ☐ Chiropractic
- ☐ Dental - General
- ☐ Dental - TMJ
- ☐ ENT
- ☐ Family Practice
- ☐ Internal Medicine
- ☐ Neurology
- ☐ Neurosurgery
- ☐ OB/GYN
- ☐ Ophthalmology
- ☐ Orthopedic Surgery
- ☐ Osteopathy
- ☐ Physical Therapy
- ☐ Plastic Surgery
- ☐ Podiatry
- ☐ Psychiatry
- ☐ Psychology
- ☐ Other ______________

SERVICES

- ☐ File Review
- ☐ IME
- ☐ Bill Analysis
- ☐ Audit Summary
- ☐ Medical Analysis of Surveillance Video
- ☐ Prevailing Rate Analysis (UCR)
- ☐ Impact Analysis /MIST
- ☐ Accident Reconstruction
- ☐ Engineering Analysis
- ☐ Litigation Support
- ☐ Supplemental Review/Addendum
- ☐ HIV

PENNSYLVANIA ONLY:

- ☐ Medical Claim Review

Requestor ______________________________ Date ______________

Company Name ______________________________

Address ______________________________

City ______________ State ______________ Zip ______________

Telephone (______) ________ - ____________ Signed ______________________

Facsimile (______) ________ - ____________

FILE TYPE

PIP -- Liability (BI & UM) -- Workers' Comp -- Auto Med. Pay -- Med. Mal.

(Please circle file type.)

Patient's Name ______________________ Insured ______________________

Claim# ______________ Date of Accident/Onset ______________ Age ________ Sex ______

Services Paid - (dates) ______________ Services Pended - (dates) ______________

Special Requests or Comments ______________________________

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HOME OFFICE
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