



PHYSICIAN APPOINTMENT - WC

PH: 877-777-4924

FAX: 805-383-0748

srsmedicalresources@gmail.com

IS THIS CLAIM:

ACCEPTED DENIED PENDING/ADMITTED

DOES THIS APPOINTMENT HAVE TO BE ON THE MPN YES NO

Please Include 1. Application & Demographics 2. DWC-1Form 3. 4600 Letter

DATE: _____ **Law Office of** _____ **Is appt urgent?** ____
Person Requesting information _____ **email or/** _____
_____ **Phone** _____ **Fax** _____

Adjustor: _____ **Phone:** _____

Need PTP? Yes/No type _____ **existing PTP** _____

Areas of potential investigation/issues of concern:

ORTHO _____ **CHIRO** _____ **PSYCH** _____

NEURO _____ **INTERNAL** _____

Other _____ **Pharmacy** _____ **Home Health Care** _____ **Physical Therapy** _____

Injured body parts: _____ **Date of injury** _____

CLIENT NAME: _____ **PHONE:** _____

INS _____ **Employer** _____ **MPN** _____

Client address _____ **SS#** _____ **DOB** _____

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**DOCTOR OFFICE INFORMATION**

The mentioned attorney's office/or Carrier/Claims Examiner is seeking areas of potential investigation/issues of concern and we are requesting an appointment for the injured worker. If additional information is needed: contact SRS Medical Resources or person requesting information. Please make any secondary appointments.

**ATTENTION** \_\_\_\_\_ **DOCTOR** \_\_\_\_\_

**APPOINTMENT DATE/TIME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**SEND PAPERWORK TO** \_\_\_\_\_

**THANK YOU FOR YOUR PROMPT RESPONSE!**

**#pages** \_\_\_\_\_

**Sent to Doctor date/time** \_\_\_\_\_

**Received by:** \_\_\_\_\_

**Sent to Atty/Carrier date/time** \_\_\_\_\_

**Received by:** \_\_\_\_\_

Disclaimer:

The filling out of this form, or any other form, or receipt of this form in no way creates any attorney-client, or other representative arrangement between the persons filling the form out/receiving the form and with us, SRS Medical Resources service. We are not compensated on a case-by-case basis, but are paid by providers on our list. Physician(s) or providers are selected on each case based on specialty needed, MPN, and geographic location. The persons who contact SRS for making the appointment shall never be responsible for payment of such services to SRS Medical Resources. SRS Medical Resources is not employed nor owned by any claims examiner, applicant, defense attorney, nor by any physicians or other providers. All providers on our list have retained SRS Medical Resources for the purposes of marketing. This retention is not paid on a case-by-case basis, but rather a flat, monthly rate that is NOT contingent on the amount of appointments SRS Medical Resources books. Patients are free to change their physician at any time, and are not required to stay with the physicians booked by SRS Medical Resources indefinitely. This form shall not be construed as giving legal or medical advice. SRS Medical Resources will not provide legal or medical advice.

**PLEASE SEND A 4600 LETTER IMMEDIATELY TO INSURE THE APPT WILL NOT BE CANCELED**