



EXPERT CASE REVIEW REQUEST

Attorney / insurer / litigation team • Preliminary conflict screening

01 REQUESTING PARTY

Law firm / organization

Attorney / contact

Email / telephone

Jurisdiction / venue

02 CONFLICT SCREENING — BEFORE RECORDS TRANSFER

Matter / case caption

Case or claim number

Parties / counsel / relevant entities

Retaining party / referral source

Do not submit PHI, privileged records, or case materials until conflict screening and secure transfer arrangements are confirmed.

03 SERVICES REQUESTED

BILLING & UCR ANALYSIS

☐ Reasonableness of charges ☐ UCR methodology

REIMBURSEMENT REVIEW

☐ Payer methodology ☐ Payment variance

CODING & DOCUMENTATION

☐ CPT/HCPCS/ICD-10 review ☐ Medical record alignment

LITIGATION SUPPORT

☐ Written opinion ☐ Rebuttal ☐ Deposition / trial

04 MATTER SCOPE & SCHEDULE

Estimated claims / bill volume

Date range / provider types

Report / disclosure deadline

Hearing / deposition / trial date

05 REQUESTED DELIVERABLES

☐ Preliminary consultation ☐ Document review ☐ Written report ☐ Rebuttal ☐ Testimony

Records expected (describe only): _____

Questions to be addressed: _____

06 ENGAGEMENT SAFEGUARDS

☐ I understand acceptance is subject to conflict screening, scope confirmation, written terms, and retainer where applicable.

☐ Expert opinions remain independent; fees are not contingent on litigation outcome.

Requested by / title: _____ Date: _____