



Detailed Information For Our Clients Regarding Accessing The CompreMed Network

To Schedule An IME, IMC, IPE, or FAE	Page 2
To Schedule An MRI	Page 3
To Schedule Other Diagnostic Procedures	Page 4
A Word About Third Party Eligibility	Page 5
Procedural Consent	Page 5
Financial Information	Page 5
Administrative / Cancellation Fees	Page 6

The following forms must be completed and sent to CompreMed. Please complete the forms in conjunction with the claimant and the referring physician:

CompreMed IME, IMC, IPE or FAE Requisition Form: Make sure to note the type of IME/IMC required, i.e., orthopedics, physiatry, psychiatry. It is important to provide a list of specific questions you would like answered as a result of this examination.

Claimant Authorization Form: This form is required prior to any procedure taking place as it allows the Provider to release the report and establishes your ownership of the report. It is signed by the claimant, usually at the appointment. The responsibility for having it signed rests with the Provider. This form is included with the material sent to the Provider by CompreMed, however, if you wish to review its contents or have your claimant sign the form in advance of the appointment, print this form and return it to CompreMed along with the claimant's medical files.

1. Fax completed forms to CompreMed using our toll-free fax number: **1-888-538-2501**, or submit your request on-line. In the case of on-line submission, a CompreMed customer service representative will acknowledge, (by telephone), receipt of your request within 24 hours. Please make sure to include any special instructions such as requests for a specific sub-specialty, or to mention specific dates or times when the claimant is unavailable, etc.
2. Any time you wish to discuss particular aspects of the referral prior to the appointment being scheduled, please feel free to call our toll-free number at **1-888-777-2500** to speak with a CompreMed Customer Service Representative.
3. Once CompreMed has scheduled the appointment, you will be notified by telephone, to confirm the time. Notification will normally occur within 48 hours of your request for the procedure. We will also fax; written confirmation of the date and time, information on the location where the procedure will be performed, (along with directions to the provider's office), estimated cost of the procedure, any special instructions for your claimant relating to the procedure itself, and information dealing with cancellation of the procedure.
4. At this time, please forward to CompreMed by fax, mail or courier, the medical/psychological history for the case. We will ensure this information is given to the service provider prior to the examination.
5. The claimant will attend the evaluation on the date and time scheduled.
6. A thorough report will be produced. This report can be peer reviewed by CompreMed to ensure it is complete, objective, concise and answers the questions you have posed. It will then be faxed to you, (often within 7 business days of the examination for IMEs and IMCs, and within 10 - 12 business days for general IPEs), along with a CompreMed Quality Assurance Survey and your invoice.
7. A hard copy of the report will be sent to you by mail.

The following forms must be completed and sent to CompreMed. **An MRI is a medical procedure, and must be ordered by a licensed physician.**

Note: All forms that are required must be completed and returned to CompreMed before a booking can be made.

Referral/Requisition for MRI: This form initiates the MRI referral process. In some cases, the MRI facility may require additional forms to be completed; in this event, you will be notified by a CompreMed representative.

MRI Screening Information Form: An MRI can be hazardous or inappropriate for some people; this form helps to determine any potential concerns in each situation. This form must be completed by the claimant prior to the MRI booking.

Declaration of Third-Party Eligibility Form: More information concerning the need for completing this form is given in the section, "Third Party Status."

Claimant Authorization Form: This form must be signed by the claimant and faxed to CompreMed prior to the date of the scheduled MRI.

1. Fax completed forms to CompreMed using our toll-free fax number: **1-888-538-2501**, or submit your request on-line. In the case of on-line submission, a CompreMed customer service representative will acknowledge, (by telephone), receipt of your request within 24 hours. Please make sure to include any special instructions such as requests for a specific sub-specialty, or to mention specific dates or times when the claimant is unavailable
2. Any time you wish to discuss particular aspects of the referral prior to the appointment being scheduled, please feel free to call our toll-free number at **1-888-777-2500** to speak with a CompreMed Customer Service Representative.
3. Once CompreMed has scheduled the MRI appointment, you will be notified by phone to confirm the time. Notification will normally occur within 48 hours of your request for the procedure. We will also fax; written confirmation of the date and time; information on the location where the procedure will be performed, (along with directions to the hospital or facility), estimated cost of the procedure, any special instructions for your claimant relating to the MRI itself, and information dealing with cancellation of the procedure.
4. The claimant will attend the procedure on the date and time scheduled.
5. A thorough diagnostic report will be produced outlining the radiologist's findings. This report will be faxed to you as soon as it is received, along with a CompreMed Quality Assurance Survey and your invoice.
6. A hard copy of the report will be sent to you by mail.

The following forms must be completed and sent to CompreMed. Please complete these forms in conjunction with the claimant and the referring physician:

General Referral/Requisition For Service Form: This form is to be used for all diagnostic services except MRI services. Instructions for completing the form are included on the reverse. As a medical procedure is being ordered, this form must be signed by a licensed physician.

Declaration of Third-Party Eligibility Form: More information concerning the need for completing this form is given in the section, "Third Party Status."

Claimant Authorization Form: This form is required prior to any procedure taking place as it allows the Provider to release the report and establishes your ownership of the report. It is signed by the claimant, usually at the appointment. The responsibility for having it signed rests with the Provider. This form is included with the material sent to the Provider by CompreMed, however, if you wish to review its contents or have your claimant sign the form in advance of the appointment, print this form and return it to CompreMed along with the claimant's medical files.

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2. Any time you wish to discuss particular aspects of the referral prior to the appointment being scheduled, please feel free to call our toll-free number at **1-888-777-2500** to speak with a CompreMed Customer Service Representative.
3. Once CompreMed has scheduled the appointment, you will be notified by phone to confirm the time. Notification will normally occur within 48 hours of your request for the procedure. We will also fax; written confirmation of the date and time, information on the location where the procedure will be performed, (along with directions to the hospital or facility), estimated cost of the procedure, any special instructions for the claimant relating to the procedure itself, and information dealing with cancellation of the procedure.
4. The claimant will attend the procedure on the date and time scheduled.
5. A thorough diagnostic report will be produced, outlining the findings. This report will be faxed to you as soon as it is received, along with a CompreMed Quality Assurance Survey and your invoice.
6. A hard copy of the report will be sent to you by mail.

CompreMed is committed to high ethical standards in the provision of third party medical procedures. To that end, we have developed a “Declaration of Third Party Eligibility” form, to verify the services we provide to our clients represent legitimate third party services under the appropriate Federal and Provincial regulations.

Generally speaking, a legitimate third party service, is defined as:

*One relating to an application for entitlement of benefits, or for continuation of insurance
One not deemed to be medically necessary for the claimant.*

The definition of “medically necessary” is obviously difficult to determine but in general terms, a diagnostic service performed on the claimant for the purpose of determining his insurability or degree of impairment, and not directly to affect treatment, would be considered a non-medically necessary service. CompreMed's medical staff will be pleased to discuss specific cases with you if you have any questions.

Please note: third party eligibility proof applies to diagnostic imaging tests for the most part and does not apply to IMEs, IPEs, and IMCs, which are always deemed third party.

Procedural Consent

CompreMed Canada, through its providers, performs procedures on behalf of our clients. By and large, these are not performed at the request of, or in the direct interest of the claimant. Therefore it is required that a claimant authorization form be completed before any procedure is started. Even though it is the ultimate responsibility of the provider to ensure the claimant has provided informed consent before a procedure is performed, no one is well served if a claimant refuses to provide consent at the last minute. In this scenario, it is possible the procedure will not be completed, and the client will be charged a cancellation fee.

To reduce the possibility of this situation occurring, CompreMed has taken an active role in assisting the provider and our clients with securing the necessary authorization. We have created a simple form that documents the claimant's authorization of the procedure which is sent to the Provider along with the claimant's medical files. This does not guarantee that the claimant will sign the form however, and if you are concerned about this possibility, print the form and send it to your claimant to be signed.

Financial Information

CompreMed Canada's rates represent exceptional value, based on the services we provide. With CompreMed's Network, you are assured of the credibility, reputation and arms-length objectivity of the best health care professionals in Canada; essential to early, cost-effective claims management.

When we book a procedure on your behalf, we will provide you with a price estimate, based on the maximum fee the provider could charge for this service. You will be billed

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based on the fee actually charged for the service, and often, actual fees are significantly lower than the quoted fee.

Billing of services is at the discretion of the provider within the range specified. Our providers' billing patterns are tracked, and we correlate them with your feedback and our internal audit of the services, to ensure we are obtaining good value from our providers. Health care professionals providing the best value, will be recommended to you in future bookings.

Our fees are comprehensive, but will be subject to GST. Our payment terms are 30 days from completion of the report.

Administrative / Cancellation Fees

A minimum administration charge of \$50.00 is applied to all bookings arranged for you by CompreMed Canada, which are cancelled more than three business days before the procedure is to be completed.

A cancellation fee will be charged for all appointments cancelled within three business days of the service date. This fee varies by provider, and at your request, will be stated in advance of the booking. Any exceptions to the above that are dictated by a particular provider will be communicated to you by CompreMed prior to our confirming the appointment.