

Richard M. Siebold, M.D., Inc.

Date: _____ Preparer's Name: _____ Tel: _____

-- AME

-- (P) QME / Panel#:

-- QME

Patient Information

Full Name: _____

DOB: _____ S.S.#: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel.#: _____ Cell #: _____ Email: _____

Carrier/Ins./Adjustor Information

Ins. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Adj. Name: _____

Tel.#: _____ Fax#: _____ Email: _____

Employer Name: _____

Emp. Full Add.: _____

D.O.I: _____

Body Parts: _____

Claim #(s): _____

ADJ #: _____

Applicant Attorney Information (Patient's Attorney)

Law Firm Name: _____ Attorney: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel.#: _____ Fax#: _____ Email: _____

Defense Attorney Information

Law Firm _____ Attorney: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel.#: _____ Fax#: _____ Email: _____

For internal use only:

Appt. Date:

Appt. Time:

Chart #:

By(staff):

CANCELLATION POLICY:

Cancellation policy is 20 business days prior to the patient's evaluation. A \$300 fee applies for all cancelled or no-show appointments.

MAILING:

Correspondence and all Medical Records are required in our office 20 business days prior to the patient's evaluation. We gladly accept records in paper and **CD Format** (If password protected, please provide this information to our office.)

Please mail all records/correspondence to:

RMS MD Inc.

c/o Medical Records

16311 Ventura Blvd., Suite #1000

Encino, CA 91436

Do we have permission to destroy records after they are reviewed? Yes No

INTERPRETING INFORMATION:

Does the patient require an interpreter? Yes No

Language: _____

Interpreting Agency: _____ Phone #: _____

****Please specify if your office will be providing interpreting. We do not have an in-house interpreter****

MISC.:

The evaluation may take approximately 3-4 hours.

There is parking in the building, the charge is **\$21.00**. We do not validate.

Appointment Location:

16311 Ventura Blvd., Suite #1000

Encino, CA 91436

Please provide a good contact # or e-mail so that we can contact you with the appointment date and time.

Phone #: _____ E-mail: _____

Once the above is filled in, please email back to info@rmsmdinc.com or fax to 818-788-2111 attention Appointment Desk.