



**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** \_\_\_\_\_

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

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

**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**