

Dear Attorney and Staff,

Your worker's compensation referrals are very much appreciated. We aim to better serve your clients efficiently without much delay. This letter is intended to convey what we need to help you accomplish your goals--These procedures would be of great advantage to both your office and my office. On our website, you can accomplish the following:

**WEBSITE:** [NewImageWellness.Net](http://NewImageWellness.Net)

- Submit information quicker for evaluation request
- Submit Cover Letter and Medical Records--this is preferable over paper records
- Petitioners can submit intake forms electronically-- *This is highly encouraged.* A hard copy will be available as well. This will offset wait time for the petitioner on the day of evaluation. This will soon be available
- Help your clients to our office with our digital Map and Text Directions--***No more getting lost.*** ([link](#))

Frequently, as you know, the petitioner struggles to clearly express their injury including treatment and its impact on their life. In an aim to help them, conscientious efforts are used to include all records—Many records are irrelevant and eclipse the request of your evaluating question. I would encourage you to consider requested material below as out revised working protocol:

**COVER LETTER (a sample format will be available on website soon):**

Many cover letters are too vague and sometimes simply ask for an evaluation. Very often records, complaints, claim petitions, and cover letters conflict. Please consider:

1. Cover Letters are needed 3 weeks prior to evaluation date along with records. **If not, then my office will reschedule the evaluation.** If the cover letters are terse simply requesting an evaluation, etc., then my office will contact you for details. **Please include the following:**
2. Claim Petition Data
3. Date of Accident
4. Type of Evaluation:
  - a. NFT versus Permanency Evaluation;
  - b. Please indicate type of Permanency—Psychiatric, Neurological, or Neuropsychiatric.
  - c. Narrative if Occupation or Accidental Claims
  - d. Additionally, please make clear the complaints or area(s) needing evaluation to better contextualize the evaluation.
  - e. Re-opener: copy of application to reopen, petitioner's answers to interrogatories, and order approving settlement.

**RECORDS:**

We are not able to accept paper records any longer. Records are required **at least 3 weeks** to the evaluation date for necessary preparation. If not, then my office will reschedule the evaluation until we receive records.

1. Please submit your records in an organized manner separated into the following sections. My Storage saves files in alphabetical order. Therefore, please place the letter A, B, C etc. in front of the sections. **Lastly, records are requested to be organized starting with most relevant to the injury and a Table of Contents for orientation.** For example:

- a. **A-Claim Petition, B-Cover Letter, C-Independent Medical Evaluation, D-Related Treatment Records, E-Operative Reports, F-Imaging Reports; EEGs/EMGs, G-Laboratory Data, F-Misc. Records.** In this format, records can be more efficiently utilized **leading to faster generation of reports.**
- b. If your request is *psychiatric*, then include all Psychiatric Records. If there has not been any formal psychiatric treatment, then include records of psychiatric treatment if by PCP, Pain Management, etc.
- c. If the request is *neurologic*, then include all related records
- d. ***Hospital Records-*** Only Initial and Discharge Evaluations are necessary. ***Please Exclude*** Vital Signs, Nursing Notes, & Daily Observation notes. **My office will return medical records that are disorganized and contains too much irrelevant data, especially when totally hundreds of pages.**

## **PAYMENT**

### **1. Worker's Compensation Fees**

- a. **All Fees are prepaid.**
- b. Late fees are applied if a petitioner does not show, arrives 15 minutes later than set time, or a cancellation by the petitioner or attorney within a 72-hour time frame.
- c. Late or No-Show fees must be settled before evaluation can be rescheduled.
- d. These evaluations require 45-minute-1 hour and sometimes more. Therefore, it is important the petitioner arrives ahead of time.

### **2. Personal Injury and Disability Evaluation:**

- a. Personal Injury and Disability Evaluation have the same protocol as Worker's Compensation with the exception of the fee amount.

### **3. Digital Payment:**

- a. Upon request for an evaluation, you will receive the appointment date and time along with an electronic invoice. Please notify my staff of the contact person's email handling invoices. *There will be three choices for payment: 1) Credit or Debit Card 2) ACH-Bank transfer 3) paper check. Bank transfer does not incur fees; however, credit and debit card have a 3% processing fee.*

## **Special Needs:**

### **Interpreter:**

- Please ensure my staff understands an interpreter is required for your client and accommodations have been made.

### **Transportation:**

- Please inform my staff if a transportation service is escorting your client. In these cases, we arrange afternoon appointments to avoid transportation delays.

I appreciate your consideration of the requests above. If you have any questions please contact my office.

Respectfully submitted,

Chris Winfrey M.D.