

INTAKE FORM

Office of Mechel M. Henry, M.D. | Phone and Fax 866-397-7772

1300 Clay St. Suite 600, Oakland, CA 94612 | 10940 Wilshire Blvd., Suite 1600, Los Angeles, CA 90024

Appointment Date:	Appointment Time:
Requested By:	
Type of Exam (circle one): AME / IME / LONGSHORMAN / COVID:	
Location (circle one): OAKLAND / LOS ANGELES	

Patient Name:		SSN:
Address:		Birth date:
City	State	Zip:
Phone:	Email:	Cell/Other:

Applicant's Attorney Name:		
Address:		
City	State	Zip:
Phone:	Fax:	Email:

Defense Attorney Name:		
Address:		
City	State	Zip:
Phone:	Fax:	Email:

Patient Job Title:		Employer:
Insurance Carrier:		
Adjustor's Name:		
Address:		
City	State	Zip:
Phone:	Fax:	Email:

Date of Injury:	Claim #:	WCAB #:
Body Part(s) to be examined:		
Interpreter Needed:		Language:

IMPORTANT NOTES/OFFICE POLICIES

1. Signing this form authorizes all necessary testing for the above evaluation.
2. Please note that we request a two-week notice for cancellations. There is a \$700 cancellation fee if cancellations are made later than 2 weeks before the appointment.
3. Workers compensation evaluations performed by Dr. Henry are considered complex medical legal evaluations that involve extraordinary circumstances and will be billed as an ML104-94. Evaluations are complex as they require evaluation from orthopedic, rheumatological, neurological, pain and physical medicine standpoints, and typically encompassing two or more body systems/regions as delineated in the AMA guides in two or more chapters. Follow ups/supplemental reports and depositions will also be billed with -94 modifier. IME/consult cases are billed per current expert witness fee sheet. Depositions are billed at Dr. Henry's current IME fee schedule.
4. Records on CD ROM or electronically are preferred and can be faxed to 323-983-8990 or emailed to an mechelmdassistant@gmail.com. Paper records sent will be charge a fee of \$45/hour administrative time, including fees for destruction of records, and copy service fees to scan into an electronic form. No records will be returned. Please do not send original records. Records over 250 pages will require additional report completion time of 1 week for each additional 200 pages.

By my signature below I accept these policies.

Name

Date