



IME Scheduling Request Form

Please complete this form and fax to 206-726-8605 or email to: scheduling@omacime.com

A Client Services Representative will contact you ASAP with your scheduling options.

Claim Type: WC-WA / WC-AK / WC-OR / WC-ID / LEGAL / LONGSHORE / DISABILITY / CASUALTY / OTHER_____		
Claim Manager:		Company:
Email:	Ph:	Fax:
Preferred Method of Contact:		

(If applicable)

Scheduling Assistant:		Company:
Email:	Ph:	Fax:
Preferred Method of Contact:		

Claimant Name:		DOB:
Address:		
City:	State:	Zip:
Ph:	Cell:	

(If applicable)

Legal Representation:		
Attorney Address:		
City:	State:	Zip:
Ph:		

Date of Injury:
Injured Body Part (Accepted or Denied Condition):
Claim Number (State & Internal):

Preferred Clinic Location:
Preferred Doctor or Specialty:
Purpose of Exam:
Special Requests & Notes:

Please let us know: Is there an interpreter needed? / Would you like us to set up travel arrangements? / Is the file over 500 pages?