MOVEMENT ORTHOPEDICS
GET BACK TO IT.

43475 Dalcoma Dr. Suite 250
Clinton Township, MI 48038
(586) 436-3785 | www.movementortho.com

Auto Accident / No-Fault
Referral Authorization Form

Medical records and diagnostic reports required prior to scheduling
Email: appointments@movementortho.com

Claim Status: ☐ **Open Claim** *(please provide open claim letter if available)* ☐ **Litigated**

Patient Name:	**Date of Birth:**
Preferred Language:	☐ **Male** ☐ **Female**
Patient Mailing Address: Street, City, State, Zip	**Phone #:**
Patient Email Address:	**Date of Accident:**
Social Security #:	**Injured Body Part:**
Description of Accident:	
Has this patient received treatment? *If yes, indicate where (records must be provided)*	**Has surgery occurred for this injury?** ☐ Yes ☐ No
Diagnostic studies performed: *Check all that apply — if yes, reports are required.* ☐ X-rays ☐ CT ☐ MRI	
Auto Insurance Information	
Auto Insurance Carrier:	**Claim #:**
Adjuster Name:	**Email Address:**
Phone #:	**Fax #:**
Billing Address:	**Policy #:**
Case Manager / Attorney Information	
Case Manager Name: ☐ Telephonic ☐ Field	**Phone #:**
Email Address:	**Fax #:**
Attorney Name / Firm:	**Phone #:**

By signing, you are providing approval for Movement Orthopedics to provide the following:

Consultation & Treatment

- Consultation
- Treatment
- Labs
- X-ray
- EMG / NCS
- CT Scans

Physical Therapy

All physical therapy and post-operative rehabilitation will be coordinated through Movement Orthopedics' preferred therapy providers.

Custom splints and braces will be completed as part of patient post-operative care.

Diagnostic Imaging

MRI and advanced imaging will be coordinated through Movement Orthopedics' preferred imaging providers.

Please check who is signing below: ☐ Adjuster ☐ Case Manager ☐ Attorney ☐ Patient

Signature (Please sign and print name)

Date

Movement Orthopedics — Auto Accident / No-Fault Department
(P) 586-436-3785 | (F) 833-972-5451 | appointments@movementortho.com